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ABSTRACT

The main purpose of this essay is to articulate a conceptual framework for early mental development. The content of the essay is based on a review of psychoanalytic literature and includes an attempt to integrate preverbal developmental data with the constructs of psychoanalytic theory. The view is taken that object constancy and the capacity to differentiate one's own and other persons' feelings, motives, and actions are necessary for the development of an independent, empathic person. Part One of the essay delineates the theoretical frame of reference. Topics discussed include (1) the family as an interacting system of relationships, (2) object relations as the internalization of interactions, and (3) general characteristics of the preverbal phases of development and related pathologies. Part Two explores the process of psychic differentiation. Both intrapsychic and interpersonal aspects of the differentiation process are described and a model of these different dimensions of the process is provided. A brief case illustration of family problems associated with undifferentiated psychic development is included at the end of the essay. (RH)

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Christel Ehrnrooth

FAMILY RELATIONS AND THE PROCESS OF DIFFERENTIATION

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Independence is a middle-class prejudice, for we are all dependent on each other. We are dependent in different ways, in varying degrees and with varying awareness (Georg Bernard Shaw - Pygmalion).

Foreword

The main purpose of this study is to construct a conceptual framework of the early mental development. The study is based on a review of the psychoanalytically oriented literature, as that is the school with expressed interest in the early years of human life. The starting point has been that of a child psychologist's. Today the family, the child's first environment is a very important factor in child psychology and this study will comprehend the child's adult environment – the caring, mothering persons.

The psychic structures in health or in disorder are studied in the early emotional development when the defences are developing or hardening into syndromes. The individual's development is regarded as dependent on the environmental provision and reaction.

Adult disorder of the mind can be seen as late evidence of early emotional disturbance or as degeneration of tissue according to Winnicott(1965). Knowledge of the developmental processes that lead to growth of the personality and to the establishment of the character makes adult mental disorders understandable. This study attempts at integrating consensually validated preverbal data with the constructs of psychoanalytic theory. The character building, the personality-integrative role of preverbal levels of development are mapped to show the importance of interaction on ego precursors and to show the possibility of early intrapsychic conflict. The intrapsychic dimension is related to the interpersonal.

The interactional aspect is in focus in this study, the family as a maturational facilitator will be discussed. The family is here regarded as the child's first environment , as the child separates from this environment in the early period he differentiates himself. Healthy infant development is facilitated by good parental care and the child achieves maturity. Health is regarded as maturity in development. Infant development distorted by parental care that is not good enough is the result of failure in the ego support from parenting person. Each failure in parental care results in ego weakness in the child. Parental care refers to responding to the specific needs corresponding to the child's phase of development. Reality for the child is basically represented through one parent, usually the mother or the mothering one("The stronger person's reality", Stierlin 1959). The process of interpersonal relationship leads from mutual dependence to mutual independence in health where ego strength is the inner stability and integratedness. The character structure in independence is able to stand stress, to grow and to

flexibly and productively relate to the surrounding world, also when in the life the situation changes. Object constancy and the capacity to differentiate one's own and other persons' feelings, motives and actions are necessary for the development of an independent, empathic person. The early environment, the parents, the mothering one at first and then the father and the rest of the family can facilitate the maturation of the psychic processes and enhance independence or they can prevent maturation in different ways and in varying degrees. Winnicott stated (1965) that without maternal, environmental care there would be no infant.

In part one, the theoretical frame of reference, interactional aspects are analysed, and the infants developmental normative dates are presented. In part two my integrative view of preverbal processes is presented followed by a family case illustration of undifferentiated relating disturbance.

Human development is influenced by socio-cultural factors (Erikson, 1950), by genetic factors and by socio-economic factors, what Marx called the materialistic substructure as well as Hegel's ideal superstructure. The focus in this study will be on a middlestructure which reflects the movement of intrapsychic and interpersonal forces, a structure that resides between the two aforementioned structures (Stierlin 1974 b).

Society and family are interdependent systems. The society shapes the family according to its historically developed goals. The family shapes such personalities that are needed to fulfill these goals (Ackerman 1966).

PART ONE Theoretical frame of reference

1- The family - an interacting system of relationships

The family is the child's first world, first social environment and first experience of a group. The social interaction between the infant and the surrounding starts from birth and the infant lives thereon in a social dialogue with the family. The way the parents or their substitutes relate to the infant limits, affects and structures the infant's perceptions. The infant confirms or disconfirms the perceptions by his own uniqueness (Bentovim 1977). How the child experiences the family relations is reflected in his personality and in the way he relates to others. The internal world of the child, the way the child perceives his relations and the ways his inner world reflects these relationships is today increasingly studied (Bentovim 1977). When relating children's disturbances to family functions we need a model where marital relationships get attention. Marital relations are central for the place the child will have to fill when growing up. The family as an interacting system of relationships emerges from (Bentovim 1977):

1 - The expectations which arise from the parents' own life experiences and relationships with their family of origin .
2 - The marital relationship
3 - The way that these relationships are responded to and shaped in turn by the children and their individual temperaments and differences.

The start of the family, partner choice is analysed by Dicks (1967) in a object relations theory where the early stages of the family cycle are described. The motives why the partners choose each other and the qualities which result from their interaction affect the partner and their children. When the partner has unresolved relationships to his own parents, role models clash in the marriage. The partners dovetail to the others perception and gradually the partners do not perceive each other as real people as outsiders see them. Bentovim (1977) sees the family almost like a psychic entity, functioning like a single person. When children in a family come to a point in their development where the parents had a particular problem, the family finds itself locked in perpetual conflict and cannot solve its problem. Where the parents failed themselves their children are also failing. The family is seen as a network where all members are influencing each other. The members can assist each other to growth and maturity or hinder each other's development. In family research the concept of pathology is substituted by the concept of dysfunction in relation to a particular goal or task.

The family can be seen as having five functions besides the basic biological function of having children and caring for them (Cooklin 1977):

1 - The family offers exploration and experience of a two-person relationship, eg sexual relationship, parent-child relationship, child-child relationship as well as the confirmation of being a man and a woman for oneself and for each other combined with the acceptance of the differences in the other person.

2 - The family is the first experience of a group, with group concerns, group roles and as such functions as a bridge between internal and external life.

3 - The family has history and thus provides a bridge over time and gives opportunity to feel a sense of meaning outside the present.

4 - The family provides social and emotional support and comfort, a place that can absorb pain.

5 - The family has a heraldic function with concern for the future and for the continuity.

For a family to function well the three first functions should be more important than the last two ones.

Alanen (1970) distinguishes seven signs for a healthy, well functioning family.

1 - The parents' interrelations shall satisfy their sexual and emotional needs. This is a base on which the whole family's mental balance is resting . The marriage is seen as an adeptive relation where immature or unrealistic expectations distort the base and where realistic adaption to the other as he or she really is strengthens the relation.

2 - The children receive enough warmth and understanding and they have the possibility to express their own feelings without extreme limitations. The understanding of the children's emotions and their expression is important in all developmental stages. The relation changes in different ages. Alanen discriminates between early childhood, where the achievment of object constancy is crucial and childhood. An important part of understanding the children is that the parents do not project too much of their own needs and wishes on the children.

3 - The generation border is maintained between parents and children. The parents' interrelationship should be so good and satisfying that the children are not made dependent or made to satisfy parents' need for closeness or confidence. Breaking the generation border prevents the child's independency.

4 - The parents function as good identification models. The parents' harmonius interrelation enhances the child's identification with both parents without conflicts. The identification also influences capacity to cooperate with others.

5 - Both the individual and the family as a group have capacity to grow and learn. A flexibility in relation allows for understanding of others. Rigidity in roles and attitudes is opposite to growth. Capacity to adapt to new facts and new situations as well as capacity to stand disappointment and problems from family members are important for family functioning. In family crisis this flexibility is tested.

6 - The families' internal conflicts are accepted more than they are denied. Conflicts can be discussed and openly solved instead of denied and creating tension.

7 - The child's independence strivings when reaching adulthood is possible without guilt feelings or bitterness in other family members. The child's independence strivings demand understanding and support from the family.

These characteristics of family relations, where the members influence each other's development, is the longterm background for a child's growing. The parents' internal relationships form the main base for the type of relations the child will develop.

Family therapy is a specific treatment method for mental disorders. Treatment of the whole family is a consequence of family research where a disturbed person is the result, the symptom of family pathology. The family includes all that belong to the family and those who influence the family interaction. The family therapy may include grandparents, close friends or other close and important persons.

Family therapy can be of supportive, communication changing character or of intensive, psychoanalytically based orientation. The supportive therapy aims at changing the communication patterns in the family. The intensive therapy aims at solving intrapsychic conflicts on an interpersonal level. This intensive family therapy will be presented to some extent.

The family conflict is seen as a result of the intrapsychic conflicts, this conflict has to be activated and anew projected on to the family-interaction field (Ackerman 1966). The longer the conflict stays and preserves intrapsychically and isolated from the active interactions the smaller are the possibilities to

change the dysfunctional process. A person's attempts to control a situation are seen in defences like denial, avoidance, oppositon, regression, displacement, projection and split. On group level the defences, the control efforts are seen as rigidity in rolepatterns, diffuse communication, double bind, mechanical and routinelike family relations, emotional distance etc. The defence is a sheltering wall that guards the personality from disorganisation under pressure of anxiety. Therapy is based on the assumption that a family with a disturbed, identified member has the capacity to promote changes and development.

Ackerman(1966) further suggests that in family therapy the intrapsychical experiences are handled at the same time with the interpersonal field of activities. Central in the treatment are transference, countertransference and reality-testing processes. In the family interaction the therapeut confronts members with conflicts and defences. The therapeut intervenes in the pathological relations, confronts and supports the healthy ones and uses himself as a reality-testing instrument and offers new models for family relations. The therapeut provokes and discloses more and more difficult latent intrapsychical conflicts and brings them out in the interpersonal process of interaction. The therapeut traces essential connections between the family's disorder and the individual member's intrapsychic anxiety. The conflicts are defined at their origin. In different ways the defence pattern and the pathogenic behaviour are broken and changed and healthy patterns are promoted in their place. The result is a realistic image of the family and of its members in the family. Intellectual insight is not enough unless it is transfered to life situations. True change is seen in increasing harmony, in verbal expressions, in expression of emotions, nonverbal motor expression and integration into social roles. The change develops a new family identity and new evaluations emerge.

Family therapy takes place once a week or more often, observable therapeutic change is usually achieved in the time of 6 months - 2 years.

1.1. Partner choice – an adult relation close to original parent-child relation

The quality of marital life is a crucial factor in molding the personalities of children and thus is the psycho-social climate of the future. The child can be seen as the father of man.

Partnership, marriage is a social relationship sui generis and contains an agreement between two persons at conscious or ego levels to play certain social roles, first as spouses later as parents (Dicks 1967). The relationship shall satisfy the emotional and biologiacal needs of the other and their own and fulfill the mores of the social background and of the charging society. Marriage is an intensely personal interaction at conscious and unconscious depths. The partners try to find security, dependence, sexual fulfillment and self-affirmation and a sense of personal worth. Adaptation to modern marriage requires autonomy of the individual, ego strength = an established sense of personal identity and firm ego boundaries with a preservation of capacity for dependence. Marital interaction in order to fulfill mutual need satisfaction,requires a flexible readiness in each partner to change role behaviour in response to the other's needs. The flexibility is an aspect of the capacity to tolerate, fuse and use ambivalence. The emotional flexibility allows the person to see the partner as different and to see the self as distinct from the partner. The relationship is enriched and enhanced in the experience of the otherness, akin to discovery. Instead of the urge to mold and assimilate the other to a rigid pattern there is mutual toleration of differentiation in all areas of interaction, from the sexual to the cultural ends of the spectrum. Sexual identification with a sense of identity as male or female is essential for each to feel safe to themselves and thus confirming the other's identity.

Dicks (1967) views on the marriage and on partnership will now be presented. Marriage is the nearest adult equivalent to the original parent-child relationship. The deepest attitudes in terms of love and hate, security and anxiety are laid down in the family of origin. An emotionally immature person has infantile and undifferentiated psychological boundaries and relational needs. How defensive, rigid or unrealistic the relation to the partner will be and how much the partner is supposed to satisfy and fulfill primarily own needs is determined in the person's own early development. The marriage relationship can be immature in an otherwise socially successful , well-adjusted person. The ego's identity is then preserved by defensive splitting-off parts which lie dormant until reactivated by a new situation of intimacy. The central ego can get by in intellectual activities even when it is impoverished of much of its early emotional relational

capacities and hence the incommensuratedness between wordly success and competence in close sexual and emotional relationships. Modern marriage is perhaps the greatest challenge to ego boundaries, empathy and maturity. Communication between the partners fails when the personality is emotionally immature and differentiation is incomplete. Inhibited, unclear communication makes rewarding exharge impossible and it prevents growth and the rigidity makes for crisis. Rigidity of the personality forces the person to deny certain aspects of himself - when confronted with similar aspects in others these will continue to be ignored as they can not be fitted into the persons' repertoire of relating. When the trait in daily interaction no longer can be ignored it will arouse impulses that will distort the relation on reality level. The urge to mould or assimilate the other to the rigid pattern is great. Ambiguity of self-identity will blur the perception of the partner. Brittle and anxiety-laden over-compensations mask an uncertain sexual alignment which makes for very insecure human relations. Idealisation, collusive marriages and lack of ego boundaries are factors that cause marital and family tensions. Marital disharmony is seen clinically when one or both partners fail to confirm the other's real personality or identity. The partner requires in this case the other to conform to an inner model and punishes when the expectations not are met. There is a striving to coerce or mould the partner by very rigid and stereotype tactics to these inner models. These patterns are also seen in the parent-child relationship. There may be persistent need-demands towards the primary figures because they were experienced as so frustrating and hate arousing that splitting of the relational potential occured. The difference between the parent-child relation in normality and the immature adult relations is that the parent-child patterns of relating charges over time as the child matures, in immature adult relations the immaturity distorts the relation and conflicts between partners arise. In health ambivalence can be tolerated both in self and others without splitting, defensively dividing ego components. In health there is a unified ego where libidinal and self-assertive powers remain available for growth and are stored as a reservoir of relational potential with the person's good internal objects. Through internalising good objects one learns to love as an adult because one has internalised adult love, cherishing and acceptance of self and others. Likewise in health a person has experienced tolerance and mastery of anger in a nondestructive way. This potential is at service especially in marriage and parenthood, probably starting with the choice of partner.

This presentation of Dicks (1967) theory on partner relation brings the family as an interacting system into focus. The partners' unsolved problems on relational levels and undifferentiated psychological boundaries are brought into the marriage, the family scene where it affects all members. The family members have to live up to interral images or idealisations of the others. The more

unrealistic these are the greater will the pressure in the dimensions of interacting be, dimensions that we will discuss in another section.

1.2. Parenthood – early childhood and parental introjects activated

The aim of childcare is not only a healthy child but also to allow the ultimate development of a healthy adult (Winnicott1958).

The idea about the infant grows in the parents' mind for 9 months and a place is made for the child in the family. Experiences and expectations from own childhood are activated. The child can provide gratification on all levels: conscious, preconscious and unconscious as well as to all psychic structures: id, ego and superego (Spitz 1965). During pregnancy fantasies on all ego levels are activated around the infant. The subject of pregnancy and its psychological impact and importance is a vast one which has been studied thoroughly (Bibring 1959, 1961, Benedek 1970, Jessner at al 1970, Lagercrantz 1975), but will be left out of the scope of this study. Pregnancy is a psychological crisis, especially the first one, which develops and enhances personal growth but which also may trigger conflicts. The mental preparation which occurs during pregnancy is reflected in the parents' relation to the newborn, specifically in how the mother interprets and attributes meaning and intention to the baby's unclear signals.

The way the relation between the parents develops determines the needs and wishes the child has to fulfill in the parents' life. Parenthood contains different relational demands depending on the child's changing developmental stages. Flexibility and ego strength in the parents are required when adapting to the growing child's different relational needs. Parenthood activates the parental introject and early phases of own relationship with own parents are recapitulated (Giovacchini 1970). Traumatic early experiences (eg fantasies of destructivness in symbiotic closeness) leads to formation of threatening introjects which may make the parent feel both threatened and ineffective when functioning as a parent themselves. The quality of the parental introject thus affects the actual parent-child relationship as the parents have themselves been cared-for babies (Giovacchini 1970). The motherliness and fatherliness are so influenced unconsciously by developmental past and consciously determined by reacting to the child's behaviour and needs.

The reciprocal interaction between parent and child normally bring about reciprocal intrapsychic processes, these processes account for developmental changes in the personalities. The parents, the mothering person influence the intrapsychic processes of the child and the child activates in the parent an adequate phase-specific reaction. Parenthood means repeating childhood conflicts and dealing with them unconsciously, a process that normally leads to achieving new levels of maturation. In optimal parenthood the parents relive through

succesful parenting, fathering and mothering, unconsciously the primary experience of infancy and self-confidence leads step by step to amelioration, to resolution of infantile conflicts and so conquers fear of parenthood and fear of the child (Benedek 1970). When the parents have unresolved developmental conflicts the child will, when reaching that specific phase activate them and the parents may solve their conflict and achieve a new developmental goal or the whole family will be stuck in crisis. The child is narcissistically invested by the parents and narcissistically very important for the parents. The child is experienced as part of them and gratifying experiences with the child enhances parental selfconfidence (Kohut 1971). The parents invest an ideal image of an ideal child together with the ideal image of themselves as competent parents. A happy, thriving child equates good parents, good self and the attitudes of confidence influence future relations. Frustrations in the parent-child interaction threaten the mutual confidence and the parents' ego boundaries weaken. A frustrated, crying infant equates bad parent, bad self which provides a situation where the parents' ego boundaries have to stand regression not to identify with the frustrated infant. The cycles of interpersonal communication result in reciprocal identifications (Benedek 1970).

Empathy is the vehicle of communication in the family. The child depends on parental care that is based on empathy rather than knowledge or understanding of what is or could be verbally expressed (Winnicott 1965). The parents have a capacity for empathy and a capacity for temporary regression when their own development was adequate. The parents' empathic response is a direct intuitive and adequate reaction to the infants' often diffuse need-signals. Empathy requires strong and flexible ego boundaries and is regarded as regression in the service of the ego. Empathy is primitive affective identification, a capacity essential for good parents, therapists and lovers (Jacobson 1954). Empathy derives from the experience with the mothering person in the early phases. Empathy originates in a close empathic tie between the mother and child, it starts out from primitive affective identification (Jacobson 1954). Empathy is the undifferentiated child's capacity to assess in a particularly immediate and astute way the feelings and moods in another person, which may be out of that other person's awareness. This capacity is related to a preverbal and prelogical developmental stage akin to a certain innate, instinctive capacity of animals (Stierlin 1959). In connection with symbiosis the ego uses temporary fusions of self and object based on introjective and projective mechanisms for the special purpose of establishing shortlived identifications on which our subtle empathic understanding of others depends. The earliest identifications are magical, grounded on primitive mechanisms of introjection and projection in disregard of realistic differences

between self and object, to this state the parental ego partially regresses temporarily (Hartmann 1964). Empathy extends the ego and enables the individual to perceive several aspects of external and intrapsychic events almost simultaneously (Benedek 1970). Such temporary regressive mechanism of identification, induced in the service of the ego, do not normally weaken the firm boundaries between the self and others - whereas at the infantile stage when these mechanisms are representative differentiation and boundaries are not fully established.

1.3. Central concepts and dimensions concerning family relations

Family research started in the 1950's when families with a psychotic, schizophrenic member were studied. The research field has broadened to include the whole range of human problems. Research concerns the study of communication pattern and sequences (including nonverbal modes), shared family assumptions about reality, family roles, the interactive effects in the familysystems and the effects in the family when a member tries to change . All this provides a rich amount of new data for understanding human development.

In the following section central concepts regarding family relations are presented.

Bateson was one of the family pioneers in the research field who studied the communication processes in schizophrenic families (Bateson et al 1956). Bateson observed the amount on unclear communication patterns in these families and the especially frequent use of the double-bind. Double-bind refers to communication where the message contains incompatible, contradictory emotional demands in a situation where there is no escape and no other familymember rescues the child from being bind by either compensating for or correcting the behaviour or by elucidating it to the child. A double-bind is an 'impossible' situation. Double-bind occurs in all human relationships but in schizophrenic families it is the most common way of communicating. The schizophrenic's response to double-bind is to lose the capacity to distinquish the logical status of thouhts (Rycroft 1968). Bateson stated that in all human relations there are simultaneously two kinds of communication: a - direct verbal expression, b - metacommunication, nonverbal signals like mimics, gestures and tone of voice. This communication confirms or denies the meaning of the direct verbal expression.

Jackson and Haley (1961) who were Batesons collaborators left the double-bind concept and coined family homeostasis to describe how the family functions like an entity and where interdependence is a strong force. The interactions in the family follows the unwritten rules to maintain status quo, to prevent possible changes.

Wynne (1958) also analysed the psychotic's family and stated that the spouses choose each other out of often unconscious infantile relational needs. These infantile needs distort later the spouses relation. Wynne observed the 'pseudohostility or the 'pseudomutuality' in psychotic families. In 'pseudohostility the mutual dependence is characterised by double-bind and related techniques . Pseudomutuality is an overadaption to each other, the partners do not allow any personal interests and rigid sterotyped mother and father roles emerge . To prevent this role division family myths are developed. The parents' rigidity interferes with perception, reality testing and communication. Wynne also emphasises the importance of double-bind and diffuse role distictions in

disturbed families.

Lidz (1957) studied the role structures in families with a schizophrenic child. The roles were analysed in two ways, male versus female roles and parental versus children's roles. In pathological families the parents had mixed up their roles as in marital schism (the parents live together in spite of eternal fights) or as in marital skew (the mother and father roles are inversed). Lidz emphasises the importance of clear differences between the parents' and the children's roles, mainly to enhance the child's developing psychosexual identity. Ambiguous identificatory objects make the child's ego weak and easily psychotic. Lidz mentions the parents' intercommunication as very important for the child's growth. The parents must show mutual confidence and communicate effectively. Clear generation borders and clearly defined roles between the spouses are crucial for the growth of the child.

Laing (1965) connected mental disorders to family structures and labelled Marx's concept of mystification as important in a family. Mystification means that contradictions are masked as mutuality and agreement and some persons are labelled and experienced according to another person's needs. Mystification is related to double-bind and projective identification.

Projective identification, (Klein 1946) a defence mechanism in early development and observed frequently in infantile relations between spouses and central in dysfunctional families. In projective identification own traits are imagined to be in some object external to oneself, it creates the illusion of control over the object and enables the person to deny his powerlessness over the object and to gain vicarious satisfaction from its activities. Projective identification is characterised by lack of differentiation between self and other in a particular area. The main purpose of the projection is to externalise the all-bad, agressive self and other image (not fully differentiated) with the consequence of the development of dangerous, retaliatory others against whom the person has to defend himself. The projection is unsuccessful as the person does not have sufficiently developed ego boundaries to differentiate self and others in many areas of their life. The person can still identify with the other onto whom the aggression has been projected and the fear of their own projected aggression increases. Therefore control of the other is necessary in order to prevent it form attacking before it attacks and destroys. This defence mechanism is a part of the child's normal early development and it is typical for borderline pathology; where in higher levels of ego development the projections lack these characteristics (Kernberg 1975).

Stierlin (1973) has analysed the parent-child relations and points out three dimensions in the interpersonal context. The parents' and the child's contribution to the internalisation are important and the interactions may serve the subject's growth or learning or may serve defensive purposes.

Stierlin's first dimension is exclusivety of dependency. How dependent and captive is the child in relation to a dominant person? The newborn is absolutely dependent on a mothering person. The mothering person's contributitions become important to the child. The mothering one can either aggravate and prolong or attenuate and so shorten the child's dependancy on her. The mothering one can bind the child actively to her dependency orbit or she can permit the child to move out of this orbit. A situation of extreme captivity to only one dominant person is the case of the schizophrenic person (Stierlin 1959). The subject is forced to gear all his growth needs and defensive operation to this dominant person and it interfers seriously with his growth and strains utmost the defensive adaptation of the child. The mothering one needs the child because of her own pathology as means of self-justifications and self-confirmation. The child is put under pressure to experience and interpret reality as the parent wants it to be.

Stierlin's second dimension is the dimension of interpersonal intensity, which reflects the person's needs and wishes in the interpersonal field. The more heated this field becomes the more ambivalence, conflicts and attempts to flee this field will be stirred up and the internalisation will serve defensive functions. The intensity of the child's needs and wishes appear at first to determine the relationship to a powerful parent. On the other hand this intensity seems determined by the intensity of the parents' needs and wishes for the child. The outcome is determined by how reciprocal wishes either clash or complement each other. When they clash the child's very survival may depend on how he lives up to the parental needs and wishes and at the same time manages to sacrifice, dissociate or modify any needs and wishes of his own. When the intensity is lacking the child is rejected and neglected and forced to separate prematurely.

Once such a struggle for and anxiety about survival has come about the relationship is bound to grow unbearably intense. This is the case when a parent makes a particular child the recipient of his or her strongest and most difficult to fulfil wishes and needs, a parent who is minimally involved with other persons as eg spouse, relatives or friends. The child is then psychologically exploited.

Stierlin's third dimension is the state of psychological boundaries. Individuals vary in their capacity to maintain psychological boundaries, to maintain their

differentiation and sense of separatedness in relation to others. This capacity reflects ego maturation and ego strength and ability to build up a representational world in Sandler-Rosenblatt's sense (1962). This capacity is especially important when a person tries to establish empathy and closeness. Psychological boundaries are influenced by the interpersonal context. Especially schizophrenic persons tend to be threatened by dedifferentiation against which they defend themselves by rigid distancing manoevers. The boundaries respond to the prevailing balance of interpersonal closeness and distance. Also here the child's contribution seems to determine and particularly his lack of ego maturation. However also here the parent's contribution is significant. The parent may be impervious and intrusive and thus interfere with the child's development of a discriminatory ego - the main tool for an effective and flexible boundary setting. Some parents define certain of their child's bodily experience in ways which prevent the child from adequately spotting and labelling these experiences for himself. The parent interferes with the child's capacity to distinquish his own needs and wishes from those which are defined for him. The parent may not only substitute his own ego for the child's own discriminatory ego, he or she may actively attribute traits such as weakness or badness to the child. When the child internalises these traits it is more difficult if not impossible to create or maintain effective psychological boundaries.

In practice these dimensions tend to apply conjointly and then tend to have cumulative impact on the child and affects the child's differentiation of psychological boundaries. These considerations make it clearer why the child may have to mobilise all resources for a defensive struggle against the parent or the mothering one and then leaves only minimal area for conflictfree development as all capacities serve adaptation to "the stronger person's reality". The early parent-child relationship is very vulnerable due to the exclusive dependency combined with exposure to maximal interpersonal intensity and as yet the child has a minimum of psychological boundaries.

Over time the relationsship normally changes, ordinarily there unfolds a movement of mutual individuation and separation which is reflected in changes in the three dimensions. Over time the child tends to become less exclusively dependent on one dominant parent, tends to be less involved with his family and tends to feel more securely at home in own psychological boundaries. This separation process seems not the rule. In practice there are many deviations.

Out of these dimensions Stierlin (1974 b) has introduced the concepts of <u>trans-actional modes.</u> The transactional modes denote transitive parental attitudes which are formative and structure the child's responses. They denote characteristic response patterns in the child to cope with the 'stronger person's reality'.

The modes operated in excess imply a traumatisation and/or psychological exploitation of the child. Because of the negative reciprocity the parents no less than their children cannot help being damaged or exploited psychologically.

The transactional modes are binding, expelling and delegating.

Stierlin's mode of binding can occur on three different levels: affective, cognitive or loyalty level. The binding can operate on one level or at all at the same time. In the binding mode the child is captive to one dominant parent, is excessively subjected to interpersonal intensity and is deprived of establishing efficient and flexible psychological boundaries. The interaction is designed to keep the child dependent on the family.

On the affective (id) level the child is infantilised by the parents' undue regressive gratification. This affective binding captures the child to the overgratifying parent. There is at the same time excessive interpersonal intensity when the child has no other person than this parent to turn his needs to. The binding can apart from a need-satisfying level function on a more cognitive (ego) level. The child is in cognitive binding exposed to double-binding and other mystifying actions which undermine his trust in himself and his differentiation of inner and outer reality. This binding is also called ego-binding as the parent substitutes his own - distorted as well as distorting - ego for that of the child. The ego-bound child remains excessively tied to the parent since he lacks basic interpersonal skills. The child is exposed to excessive interpersonal intensity but the ability to establish flexible and efficient psychological boundaries is disastrously impaired. The dominant parent captivates the child efficiently.

Binding can also occur in exploitation of loyalty. This third way of binding is also called super ego binding. The child is tied to the family and trained to experience any betrayal of loyalty eg to separate from family as forbidden. The child is unduly captive to an intensified interpersonal field.

Stierlin's mode of expelling occurs when the parents find their child a nuiscance and experience it as hindrances . As a consequence the child endures neglect and rejection from them. These children are not exploited but neglected and abandored and often prematurely pushed into separation, independence. The expelled children are traumatised and deprived differently from the bound children. Depending on at which stage the expelling occurs the child experiences an abortive and weak dependence with a lack of interpersonal intensity with the consequence that the psychological boundaries are pushed. The expelled child

is not equipped with the psychological tools needed for differentiating themselves in a complex interpersonal world.

Stierlin's mode of delegating falls in between the modes of expelling and binding. The three interpersonal dimensions show in this mode varying forms of dependency, interpersonal intensity and boundary constellations. In the delegating mode the child is allowed and encouraged by the parent up to a point. The child is bound in a selective, special manner. The child is allowed to separate, but only partly. A child showing independence, cognitive differentiation and maturation is put into conflict when trying actively to separate. The child can be made to fulfil some special wish or need on behalf of the parent, the child is bound and kept as part of the parent and so separateness and individuality are prevented.

The child's growth is affected by the transactional modes. In part two the effect of the transactional modes on the child's internalisation, on the child's psychic structures will be discussed in more detail.

2 – Object relations – the internalisation of interactions

The character of the ego is a precipitate of abandoned object cathexis and it contains a record of past object choices (Freud 1915).

The theory of of object relations in psychoanalys has been given increasing attention. The interest has emerged from two different bases, one is the observation and reconstructive work in the clinical analytical situation where material from adult experience is deducted to child developmental theory. The other base is the direct observations of child development and the direct work with families. Bowlby's and Spitz's contribution to the effects of childhood separation and loss have generated new data. Mahler's studies of children from psychotic and from normative viewpoints have generated data for new theory formation. Work with families have given observational data that needs integration with the psychoanalytical theory of object relations. Significant work in the family field has been done by analysts like Ackermann, Jackson, Lidz, Stierlin et al. The increasing patient population with character disorders or bordeline, narcissistic personality – that is persons in need of change in major aspects in their relation to other persons – turns the attention to the problems of early object relationships and their affects on personality development (Friedman 1975).

Freud emphasised instinct and erotic pleasure as developmental concepts. A shift has since taken place in psychoanalytic theory. Object theory and the idea that the developing child needs a constant involvement with objects [×] and ego psychology, stressing the importance of the growth of the ego and self-awareness are the dominant schools of thought of contemporary psychoanalysis. Disturbance in the personality arises within the context of the relationship with others, the person is suffering the consequences of relationships where he has been a wilful agent.

Development was originally conceived as a series of stages where the child was first interested in the mouth, then the anus and at a latter stage in the genitals. These erotogenic zones were seen as sources of pleasurable sensations.

[×] object = the person to whom the subject relates himself, objects are nearly always persons, parts of persons or symbols of them (Rycroft 1968).

All schools tend increasingly to regard these organs as vehicles by which the child's relationship to its parents are mediated. Psychoanalytic thinking has become increasingly preoccupied with the internal world of the child: the way the child perceives his world of relationships and the way in which his internal world reflects the relationships the child has made (Bentovim 1977). The mothering functions and interpersonal interactions lead to internalisations of object relations which organise ego structures (Kernberg 1975). Object relation theory has been defined as the psychoanalytic approach to the study of how intrapsychic structures preserve, modify and reactivate past internalised relations in the context of present relations (Kernberg 1970).

The internalisations compromise psychic processes that create the internal world and its structural resultants and internalisations are conceived as the basic function of the psyche (Loewald 1973). The internalisation is a matter of transforming object relations into intrapsychic structure. All internalisations imply "another" whose characteristics the subject internalises (Stierlin 1973). This other codetermines the situation wherein they occur and thus affects the intrapsychic aspects. The other's contributions must be regarded as important. The intrapsychic and interpersonal aspects are interrelated, they bear on how the internalisations serve the subject's need for growth and maturation or for stagnation and defensive purpose. When studying the internalising subject we must at the same time include the other's contributions (Stierlin 1973).
The internalisation processes are of various developmental functions. Introjection is the most primitive mode of internalisation, identification a more elaborate and ego identity the most elaborate mode. The identifications are viewed as making for better integrations than introjections, the identifications finally establish ego identity modes (Kernberg 1966). The intrapsychic integration of how internalisations fit themselves to the subjects overall psychic organisation and behaviour is thus related to the mode. The internalisations can primarily fulfil a defensive function or primarily serve the subject's growth and learning. In introjections the internalistaions remain quasi-segregated, poorly assimilated although the person has some internal dialogue, like is typical im many forms of schizophrenia (Stierlin 1973). The intrapsychic integration thus reflects the fate of the internalised objects. Either they can be established as introjects and other primary process presences or they can be integrated into identifications or even further integrated and preserved as an index and recognised as external to the subjective self as in ego identity. The third way is the one which favours more than the others the subject's growth instead of primarily denoting defensive usage (Shafer 1968). The mode of internalisation depends on the subject's psychic maturation, integration and differentiation. For maturation it is crucial

that more elaborate and integrative internalisations can take place. Thus the more differentiated and mature the subject's psychic structures are the more likely will the internalisations be elaborate and integrative and the more likely will they serve growth and learning.

The parents' way of relating affects the child's internalisation modes. We shall now see how the binding, expelling and delegating models affect the vicissitudes of internalisation (Stierlin 1973).

Where the binding mode prevails the internalisation of object relations will maximally have to serve defensive needs and thus prevent further intrapsychic integration and structuralisation. The quality and extent of defensive integration depends on whether binding occurs primarily on the affective, cognitive or loyalty level. Most difficult is the situation for a child when all three levels of binding are involved. The affective binding traps the child in close and intensely conflictful relationships. The child must defend himself against being over-stimulated, devoured or engulfed by the dominant parent. The interpersonal field with an intensive and overwhelming parent makes the internalisations occur in primitive introjective modes which correspond to the child's primitive psychic make-up and it reflects as well a dependency that is prolonged as exclusive and intense. Cognitive binding deprives the child of tools and know-how for adequately differentiating himself from the parent. Cognitive binding interferes disastrously with the building up of an adequate representational world. The internalisations are employed defensively and they will also appear unduly defective and inappropriate. Typical results of cognitive binding are the intro-jects of many schizophrenics which reflect a distorted as well as distorting parental ego (Stierlin 1973). Many of these internalisations appear fragmented, unintegrated and amorphous. Loyalty level binding creates a primitive and rigid superego in the child which threatens the child with intense quilt when trying to leave the parents.

The expelling mode affects internalisations depending on how early and pervasively the mode operates. The internalisations reflect the different vicissitudes when they occur. The expelling mode always results in shallow and transient internalisation because they lack the exclusive dependency and intensity of relationship that is characteristic for the binding mode. Shallow and transient internalisations may have adaptive advantages and many expelled children seem socially better off than tightly bound children. In reality these expelled children who never have felt important to any person are impoverished as well as unable to identify selectively for growth and learning. Unability to form close intimate relationships makes these children shift models for internalisation

which fill the vacuum their neglecting and expelling parents left.

The delegating mode combines binding and expelling features. In contrast to expelled children delegating makes possible deep and lasting internalisations. The delegated children are less intensively dependent on the parent, they are allowed to develop independently to a certain point where the parent interferes with their psychological boundaries. The internalisations can thus be selective, alternative and may serve the intrapsychic growth.
The parents, by means of projective mechanism, project on to the child a dissociated trait or motive and then identify with the trait which then is located in the child. The trait is then outside the parents' self but close enough to be attacked or punished. The child is in this way selectively and strongly bound to the parent. The child internalises the parent's disowned trait or motive and colludes with them as an extended movable retrievable extension to the parent's motivational and defensive system. This selective dependency implies psychological exploitation of the child by the parent. The child lets himself be exploited because he needs the parent's approbation and the protection he is granted when fulfilling the parent's needs and wishes. The child will experience intense conflicts over individualisation in the interpersonal field. In these ways in various combinations can the interpersonal dimension of parent-child relation affect the child's evolving internalisations (Stierlin 1973). In the development the primary object relations provide the matrix for other ego functions, eg the optimum condition for succesfull language learning in early childhood is a continuous, undisrupted and affectionate relationsship between the mothering person and the child, a realtionship that is manifest in frequent and appropriate communication both verbal and nonverbal (Horner 1975). The development of a sense of reality takes place within and through the relationship between the child-parent (Stierlin 1959). The most important transitory step in the adaptation to reality is the step in which the symbiotic mothering one is gradually left outside the omnipotent orbit of the child's differentiating self (Mahler 1952).

If we view the ego as a self which develops within the context of the parent-child matrix and this includes other facets of that self, then we can expect to find a correlation between that psychological self or ego and the nature of relationship with the mothering one or the parents (Horner 1975). The problem has been to adequately conceptualise relationships within a developmental framework to allow one to drawing such conclusions. Mahler (1974) recognises that the vicissitudes of the developmental processes constitute a critical factor in the understanding of mental disturbances. A comprehensive theory of object relationships must integrate both the developmental processes and the resulting ego structures.

2.1. Object constancy - determinants and significance for mental health

The achievement of object constancy is regarded as the last stage in the development to mature object relationships (Mahler et al 1975). Object constancy is the ability to maintain lasting relationships with a specific person (Rycroft 1968). Object constancy has important bearings in our mental health concepts. The establishment of object constancy is a slow and complex process involving all aspects of psychic development. The progression from normal autism at birth to the stage of symbiosis, through the process of separation and individuation to the stage of object constancy with the experience of being a separate individual leads to a person who has firm psychological boundaries of self and others. This person will be able to tolerate ambivalence without having to split into bad and good. He can relate to others as to whole persons rather than just need-satisfyers and has the ability to sustain his own narcissistic equilibrium or good self-feeling from sources within the self as the outcome of achieved libidinal object constancy (Mahler et al 1975). The slow transition from the ambivalent not fully differentiated love-relationship, which exists only as long as it is need-satisfying, to the more mature give-and-take love-relationship of the schoolchild and the adult is an important aspect of object and ego maturation. The constancy implies maintainance of internal images of the absent person, love object and also the fusion of good and bad object into one whole image. This fusion fosters the integration of aggressive and libidinal drives and tempers the hatred for the object when aggression is intense and thus has a special bearing on the fate of the aggressive and hostile drives. It is only after object constancy is well on its way (not before the third year, Mahler et al 1975) that the mothering person can be substituted for during her physical absence by a reliable internal image. This image remains relatively stable in the memory irrespective of the state of need or inner discomfort. Essential prior determinants are trust and confidence through regularly occuring relief of need tension provided by the need-satisfying mothering person, relief which is gradually attributed to the mothering person as early as in the symbiotic phase and secondly by the cognitive acquisition of the symbolic inner representation of the permanent object (in Piaget's sense). Piaget's object permanence is established around 18-20 months of age. The emotional object permanence was found by Mahler et al to be established much later and the delay is explained by the continuous contact with the mother and the fact that the contacts with the mother often take place under conditions of high arousal - of longing, frustration, gratification and excitement. Libidinal object constancy is sufficiently permanent in the normal 3-years old. Yet the constancy is rather fluid and reversible, the achievement is still a matter of degree.

Clinically object constancy is significant as well as it is developmentally so.

The concept is used clinically to indicate differential diagnosis between neurotic and borderline or psychotic disorders. In neurotic disturbances the object constancy is established. In borderline pathology and narcissism, failure to integrate the libidinally good and the aggressively bad determined self and object images, is characteristic. In psychosis the self and object images are not differentiates and separated. When object constancy fails to establish in the adult psyche the result its a borderline personality structure, repression as defence has not replaced split of the ego. Object constancy marks the integration of contradictory differentiated self and object images. The integrated self concept and the integrated representation of others constitutes ego identity in its broadest sense. With the integrated and differentiated self concept and a related representational world the central ego core is protected from unacceptable drive derivative by a stable repressive barrier replacing the earlier defensive use of splitting. The defensive character traits that develop have the characteristics of reaction formation or inhibitory traits and then splitting of the ego is no longer necessary. Object constancy marks the change from purely need-satisfying object relationships, where the other is experienced as existing only to fulfil the infants' needs to a mature type of relationsip. Capacity to maintain a positive emotional attachment to others ,regardless of frustration of satisfaction of needs, wishes or drive pressures is characteristic for object constancy.

A new stable, whole relationship to important others includes the development of feelings of concern for the other and for reciprocity within the relationship. This mature relationship is not fully established until the adolescent reorganisation of object relationships has taken place. Object constancy is a capacity to value other irrespective of ambivalent feelings or need satisfaction.

2.2. Ego strength - precursors in the preverbal period

Ego strength in the adult is the result of developed, integrated intrapsychic structures. Integration of the structures derives from the internalised object relations and shapes psychological boundaries of an integrated self concept, a stable ego identity with realistic object representations, integrated ideal self and ideal object representations into ego ideal, a well-integrated realistically demanding super ego and ego goals which permit an overall harmony in dealing with the external world. The developed ego strengh is a capacity for object constancy, for reality testing, for understanding complexities and for differentiating one's own and other people's feelings, motives and actions. Ego weakness is manifested in lack of impulse control, lack of anxiety tolerance and lack of capacity to sublimate. (Kernberg 1975).

In developing a strong ego the infant is at first dependent on ego support from the mothering person's adaptive behaviour. Ego strengthis the result of ego supporting adaptive behaviour in contrast to the ego weakness of the infant for whom environmental provision is defective at very early stage (Winnicott1965). The ego derives structure and strength from a highly subtle and complex system of interaction from the very beginning when the infant's differentiation of psychological boundaries are so well met that the mothering egosupportive function allows the infant to face the reality principle. When there is not good-enough mothering the infant is not able to get started with ego maturation and ego development is distorted in vitally important aspects. The mothering person's empathic capacity meets the infants needs and the internalisation and integration of the good-enough relation structures the ego. Pathology in internalised object relations manifest in ego weakress, due to excessive frustration or excessive gratification that interferes with the differentiation and integration of object relations.

In the preverbal period health and pathology depend on developmental aspects where the qualitative assessment of residues of the symbiotic as well of the separation and individuation processes are most important (Mahler et al 1975). There is a tendency to underestimate the potentiality of the ego and superego precursors to create intrapsychic conflicts at early levels of development (Mahler 1974). Developmental conflicts are a specific of each phase even though individually variable. In the development certain events are particularly traumatic. When evaluating the degree of structuralisation of the ego in the third year such events cause intrapsychic conflicts as precocious differentiation of ego-nuclei, lack of environment encouragement and increased unneutralised aggression in the early practising period as well as the mother's failing to release the infant's body in the beginning phase of the rapprochment crisis. Throughout the whole

separation-individuation course (0-3 years) one of the most important tasks of the developing ego is the coping with the aggressive drive in the face of the gradually increasing awareness of separatedness. The success of this depends on the strength of the early ego, on the integration of internalisation. Optimally the apparatuses of the ego attain secondary autonomy and allow for cathexis of the object world, for concern about other persons this marks the gradual replacement of the pleasure principle by the reality principle, the gradual differentiation, integration and strengthening of the developing ego.

2. 3. Ego boundaries - the outcome of preverbal differentiation

Ego boundary can be seen as the interpesonal aspect of ego strength which refers to interactions and to the differentiation of one's own and others' feelings, needs and wishes. Ego strength implies that the psychological boundaries are firm and secure, that the other is seen as different from the self and the self as distinct from the other in the way object constancy and identity combine. Ego boundary is the concept by which the distiction of self and not-self is delineated (Rycroft 1968). Early differentiation of preverbal introjections and identifications organises the differentiation of ego boundaries (Kernberg 1975). Mahler et al (1975) dates the differentiation of ego boundaries, the differentiation of self representations as distinctly separate from the object representations, in normal development to the 20, 22 - 30, 36 months of age, in the period of rapprochment. The establishment of psychological boundaries is determined in the interpersonal context as Stierlin describes in the parent-child dimensions (Stierlin 1973). Breakdown or lack of ego boundaries involves loss of reality testing with distortion of reality overall or in a specific area as result.

The mechanism of projective identification is characterised by lack of differentiation between self and others. The projective identification blurs the limits between the self and the object with loss of ego boundaries as result. The projective identification is characteristic of undifferentiated interpersonal relations as Dicks (1967) in marital therapy and family research shows. Normally the psychological boundaries are well delimited and stable in interpersonal interaction. In empathy the strong and flexibel ego boundaries are temporarily affaced in the service of the ego.

Clinically the neurotic personality structures have strong ego boundaries with consequent separation between self and object images as identity and object constancy are established.

In borderline structures ego boundaries are developed in all but areas of close interpersonal involvement (Kernberg 1975). The differentiation has occured to a sufficient degree but the integration of ego boundaries lack the synthesis of contradictory self and object images. This lack of synthesis interferes with the integration of self concept to identity and with the establishment of object constancy. Projective identification in close interpersonal involvement involves loss of ego boundaries, loss of reality testing and lack of the capacity to distinguish fantasy from reality.

In psychosis failure of differentiating ego boundaries make for failure in

differentiating self from not-self and there is pathological fusion between self and object images.

This clinical division of the differentiation of psychological boundaries is socio-culturally bound to our individually orientated personality conception. In other societies the structure of the society classifies how differentiated ego boundaries are necessary to fulfil the norms of society.

The psychological boundaries of the child are developed in the interpersonal context. By upbringing patterns, conscious or unconscious, the child's intrapsychic structures of differentiation and integration are determined. In some societies and cultures childrearing follows a uniform pattern, especially in traditional socities and the adult life corresponds to the personality that this pattern forms. Our society and culture has no uniform childrearing pattern nor is the adult position clearcut, as is the case in eg Erikson's description of traditional Indian societies (Erikson 1950).

3 - General characteristics of the preverbal phases and related pathologies

Freud's developmental concepts of the early childhood, as a number of stages during which children were successively preoccupied with oral, anal and phallic sources of pleasurable sensations have been revised and elaborated. Freudian analysts of all schools are increasingly concerned with the child's relationship to its caring persons. The oral stage is now regarded as a period when the relationsship to the mothering person forms the centre of the child's being, a relationship in which the child yet has to be confronted with the fact that the child and the mother are separated beings. The anal stage is now regarded not only as a period when the child is preoccupied with their anal functions but also a time when the child learns mastery of the body and a time when the child is confronted with the problem of rendering behaviour acceptable to the adults around. The phallic and the oedipal stages are now conceived as the child's first assimilations and intimations of a form of relationship between their parents from which they are totally excluded, an awareness which is liable to make the child envious and acutely aware of own physical and emotional immaturity (Rycroft 1968).

Erikson (1950) elaborated the developmental concepts and added the developmental outcome of the stages for the growing personality structures in general terms. During the oral phase basic trust is acquired when successfully parental care is available. However when the relation is excessively frustrating the feelings of uncertainity and a basic sense of mistrust will characterise the child. During the anal period when interaction is approving the child gains confidence and a sense of autonomy along with self-control without loss of self-esteem. On the other hand in the case of muscular and anal impotence, loss of self-control and parental over control, a lasting sense of doubt and shame develop. In the phallic - oedipal period a sense of initiative when approved of is acquired, but if the child's initiative is frustrated, feelings of guilt and discomfort prevail.

These characterisations are general compared to Mahler's developmental framework. In Mahler's et al (1975) differentiated structures the oral and anal phase are given specified and detailed importance. The differentiated early phases are of utmost relevance when analysing the impact of interpersonal interactions and intrapsychic differentiation. Mahler's developmental phases make a new integration of theoretical concepts possible at the same time as it throws more light on the significance of the early parts of life.

Sullivan's three stages of reality testing complement well Mahler's preverbal stages (Sullivan 1953). In the prototaxic stage the nondifferentiated experience of the infant is unconscious, diffuse. Significant other persons, esp. the mothering one, are vital in communication. The parataxic stage (which is related to Mahler's separation and individuation stage) is a time when the world is perceived as a series of experiences in a nonlogical order and where the individual is the center of the universe. Reactions from the significant others can direct the development as they can misinterpret (as a inconsequent mother does) and interfer severely with the child's associative process at this stage. During the two first stages the child communicates with mimetic, motor and gestural means - a nonverabal language. The last stage in Sullivan's view is the syntaxic stage, which corresponds to Mahler's beginning object constancy and ego identity. The child develops the ability to check own perceptions against those of others and to validate the perceptions through the consensus of the group. Language is now the main communicative mean and cause - effect connections are realised as well as abstract concepts.

It would be of great interest to study how Piaget's developmental concepts related to Mahler's differentiated preverbal data.

Horner (1975) has analysed the development of early object relations and associates their pathologies with Mahler's developmental vicissitudes . The undifferentiated phase is related to the intrapsychic structures of psychosis, the separation-individuation stage is related to borderline and narcissistic personality structures and achieved object constancy and identity related to neurotic disorder. This structural division corresponds well with Kernberg's (1970) classification of character pathology. This approach to Mahler's developmental data is an example on the many possibilities knowledge of the early developmental processes generate. To illustrate this discussion I have composed figure 1, where the developmental concepts of preverbal phases are compared.

33.

Figure 1. Comparison of preverbal developmental phases.

General characteristics of the preverbal phases and related pathologies

Freud:	O R A L P H A S E		A N A L P H A S E = Phallic oedipal
Erikson:	Basic trust / mistrust		Autonomy/doubt and shame - initiative/guilt
Sullivan:	Prototaxic - Parataxic		Syntaxic
Mahler:	nondifferentiated phase - Separation-individuation phase		beginning object constancy, identity
Mahler, subphases:	normal autism-normal symbiosis-differentiation-practising-rapprochment		
	birth 5 months	10, 12 months 16, 18 months	30, 36 months
related pathologies (Horner):			
	Psychosis undiff. self-obj. - borderline narcissistic disorders unintegrated self-object		- neurotic disturbances

3.1. The preverbal developmental processes

Mahler and her collaborators Pine and Bergman studied the average mother-infant pair. They studied how the majority of infants emerge from the symbiotic oneness with the mother and gradually become intrapsychically separated from the mother and able to perceive the world on their own (Mahler et al 1975). The psychological birth of the infant was studied in the light of normative data. The normal symbiotic and the normal separation-individuation process in mother-infant pairs was pictured. The inner life of the preverbal child was described. The preverbal period contains the three first years of life when speech not yet has assumed the major expressive function. According to Mahler the child's development is determined by:

1 - the individual child's inrate endowment or abnormal potentialities.
2 - The early-child interaction and relationship
3 - Crucial events in the child's growing-up process.

Mahler et al pay attention to particular phase specific points of vulnerability and regard constellations of variables as danger signals. Adaptation plays an important role in the mother-child relationship. From the beginning the child molds and unfolds in the mother-child dual unit. The child's adaptive capacity is far greater than that of the mother whose personality is firmly and often rigidly set (Mahler 1963). The infant shapes itself to the mother's ways, whether she herself provides a healthy or a pathological object for such adaptation. The development process is divided into two parts: human symbiosis and separation-individuation processes. The first part is characterised by a mutual process of attachment and the second by mutual separation and individuation. The separation-individuation process is divided into four sub-phases:

a - differentiation sub-phase	5 - 10 months
b - practising sub-phase	6,8 - 16,18 months
c - rapprochment sub-phase	16,18 - 30,36 months
d - on the way to object constancy and identity	30,36 months ---

The establishment of both individuality and object constancy in the process of differentiation of the child's psychological boundaries supposes an average normal or neurotic personality structure whereas failure to establish them, results in a borderline or psychotic structure. Each sub-phase is not entirely replaced by the subsequent one. The sub-phases can be conceptually differentiated but they overlap conciderably. However each phase is a developmental time when a qualitatively different contribution is made to the individual's psychological growth. The normal autistic phase promotes postfetal homeostasis. The normal symbiotic phase marks the capacity to invest in another person, here in the

mothering person within the vague dual unity that forms the primal soil for all subsequent human relationships. The separation-individuation phase is characterised by a steady increase in awareness of the separatedness of the self, of true object relationships and an awareness of a reality in the outside world. In the normal individual, the sociobiological utilisation of the mother and later on the emotional availability of the love object - the post symbiotic partner - are the necessary ingredients, are the conditions for an intrapsychic separation-individuation process. This is synonymous with the second, the psychological birth experience which is a rather slow and very gradual hatching out process (Mahler 1974).

The human infant is biologically unprepared to maintain life separatedly and the infant is for a long time absolutely dependent on the mothering person in a state called mother-infant symbiosis. In the symbiotic state of mother-infant dual unit the experiental precursors of individual-beginnings are derived and determined together with inborn constitutional factors that constitute every human individual's unique somatic and psychological make-up (Mahler 1974).

Due to the pioneering character of Mahler's normative study of the early preverbal development her research findings provide unique material for an integration of development processes with resulting ego structures.

3.2. The normative data of the preverbal development

I The nondifferentiated stage is the forerunner of the separation and individuation process and includes the normal autistic and the normal symbiotic phases. The normal autistic phase occurs during the first weeks immediately after birth when the infant is in a sleeplike state, a state reminiscent of the inauterine closed, selfsufficient life. Through mothering the infant is gradually activated into increased sensory awareness and contact with the ervironment. A progressive displacement of energy from inside to periphery takes place. The shift from predominantly proprioenteroceptive toward sensory perceptive cathexis of the periphery - the rind of the body ego - is a major step in development. Peripheral pain insensitivity and panic-creating hypersensitivity to enteroceptive sensations equated with bad introjects in psychosis witness that this shift has failed to occur. The shift marks the progression from the normal autistic to the normal symbiotic phase. The main task of the autistic phase is to maintain homeostatic somatopsychic physiological equilibrium of the organism in the postpartum conditions (Spitz 1965). By the mothering person's sensory stimulation and tension reductive behaviour the child is activated, and the autistic shell is broken.

The newborn brings with him into the outside world the equipment of primary autonomy (Hartmann, 1964). Through perceptive faculty deposits of memory traces are stored in the undifferentiated matrix (Hartmann, 1964). Good pleasurable and bad, painful qualities of stimuli are memorised. There is almost no differentiation and the reactions are global and diffuse. At 3 or 4 weeks maturational crisis occurs with a marked overall increased sensitivity to external stimuli. This crisis makes the mothering help in tension-reduction vital to prevent overwhelming of stimuli. This crisis marks the cracking of the autistic shell the newborn was sheltered by. The stimulus barrier is replaced by a selective and protective symbiotic barrier, the membrane of which both parts in the mother-infant dyad are eneveloped.

The normal symbiotic phase (1-5 months) is marked by increased attention to perceptual-affective stimuli coming from the outside, but which the infant does not recognise as having an outside origin. Here are memory islands stored but there is no differentiation of inner and outer or between self and other. The principal psychological achievement of the symbiotic phase is that the specific bond between the mother and child is created as is indicated by the specific smiling response (Spitz 1965). The mothering ministrations help the infant to differentiate between pleasurable / good quality and painful / bad quality of experience. The infant behaves and functions as though he and his mother were an omnipotent system - a dual unit within one common boundary, with a sense of the boundlessnees of the oceanic feeling (Freud 1915). The infant

is absolutely dependent on the symbiotic partner, whereas the mother's need for the infant is relative. There is for the infant a hallucinatory or delusional somato-psychic fusion with the mother image and a delusion of a common boundary around the two physically separate individuals. This is the mechanism to which cases of most severe disturbance of individuation and of psychotic disorganistaion regresses as Mahler has described childhood psychosis(Mahler 1968)The baby has to experience the emotional rapport of mothering care and the perceptual experience of the total body plays an essential role in symbiosis. The normal adult's longing for holding or being held is the outcome of these coenesthetic experiences. Coenesthetic refers to sensibility of undifferentiated sensations derived from the body as a whole and particularly from the internal organs (Mahler 1971).

The pleasure - pain sequences are associated with the presence or the absence of the need-satisfying mothering person and representations of the body ego within the symbiotic matrix takes place. The representations form the body-image. The body representations mediate between inner and outer perception. The ego is molded under the impact of pleasure/pain experiences and reality. The body self contains two kinds of self - representations: an inner core of the body image with a boundary towards the inside of the body that divides it from ego an outer layer of sensory- perceptive engrams that contribute to the boundaries of the body self.

The defensive formation of projection of destructive, unreutralised aggressive energy beyond the body-self boundaries is a major shift in this phase.

The inner sensations from the core of the self, the central 'feeling of self' around which a sense of identity later will be established. The mother is called the auxiliary ego of the infant and the mothering, holding and caring behaviour is the symbiotic organiser , it is the midwife of individuation, of psychological birth. Only when the infant's body via the mothering loving care has become internalised can the external outside person become elegible for identification.

Images of the mothering one and of the bodily and later psychic self emerge from the ever increasing memory traces of pleasurable (good) and unpleasurable (bad) emotional experiences and perceptions with which they become associated. Even the most primitive differentiation can take place if a psycho-physiological equilibrium can be attained. This depends on the mothering person's empathic capacity in the interaction patterns of the mother-infant pair, in mutual cueing and the infant's receptive capacities of the good-enough holding behaviour of the symbiotic mother (Winnicott 1958). The normal autism and normal symbiosis are the early stages of nondifferentiation, before the emergence of the rudimentary early ego as a functional structure can take place. No sub-phase is completely

replaced by the
subsequent phase. Each phase has qualitatively different contributions to the individual's psychological growth. The normal autistic phase consilidates postnatal growth and promotes postfetal homeostasis. The normal symbiotic phase marks important capacity to invest in the mother within a vague dual unity a relation that forms the soil from which all subsequent human relationships grow. The separation-individuation phase is charaterised by increased awareness of the separatedness of the self, of true object relationship and awareness of a reality in the outside world.

II The individutaion-separation phase

The differentiation sub-phase (4, 5 to 10 months of age) is the peak of manual, tactile and near-visual exploration of the mothering person. This exploration marks a beginning somatopsychic differentiation. The infant begins to distinguish between contact-perceptual experiences and those originating in his own body. Further the infant explores inanimate objects with fascination, the infant begins to look beyond the symbiotic dual unit. These explorative patterns later develop into the cognitive function of checking the unfamiliar against the already familiar. In all normal infants there is initiative to break away from, in a bodily sense, the stage of dual unity. The differentiation has different patterns in the infants, but all children as soon as their locomotion allows,they distance away from the mother's lap, but they tend to stay close to the mother. The individuation is an inrate process, only by interference from outside can it be prevented. Normally the infant takes over the mother's soothing pattern in his own way and it becomes a transitional pattern, the infant creates a transitional object as a mother substitute. Pathology of the transitional object is characteristic of psychosis and borderline disorders.

Stranger reactions and stranger anxiety can be observed at this phase. Children with optimal symbiosis where confident expectations prevailed show curiosity and wonderment - discernibel in the checking-back pattern - when inspecting strangers. By contrast children whose basic trust has been less than optimal an abrupt change to acute stranger anxiety appears or there may be a period of mild stranger anxiety, reaction which interfers with pleasurable inspective behaviour. This is an important aspect of socialistation, to evaluation of the libidinal object, of the first step towards emotional object constancy. This inverse relation between basic confidence and stranger anxiety emphasize the internalisation of pleasurable, good mothering. In cases where the mother shows ambivalence or parasitism, intrusiveness, the differentiation in the child was disturbed to various degrees and in different forms. During the differentiation

phase the distance-seeking behaviour is accompanied by greater awareness of the mother as a special person, in rare cases this awareness may already be suffused with negative affect, deduced from unmistakable avoidance behaviour.

The second phase of individuation-separation, The practising period (10–16, 18 months) overlaps with the differentiating phase. The practising period is divided into two parts : the early, overlapping part, when the infant is able to move away from the mother by crawling, climbing and righting himself yet is holding on; and the practising period proper which is characterised by free upright locomotion. At least three interrelated developments occur with the child's first steps into awareness of separatedness and into individuation. They are: rapid bodily differentiation from the mother, the establisment of a specific bond with her and the growth and functioning of autonomous ego apparatuses in close proximity to the mother. The new autonomous functioning paves way for interest in inanimate objects, one of which may become the transitional object (Winnicott 1971). Through the motor maturation the child is often absorbed in own activities that he appears oblivious of mother's presence, yet he returns to her periodically seeming to need her closeness. The mother is needed for emotional refueling when the child exercises his autonomous functions at some physical distance from the mother. The children seem to go through a brief period of increased separation anxiety, they are able to move away independently but remain connected with the mother, they do not like to loose sight or hearing of the mother. Walking makes possible increase in reality discovery and the testing of the world through own control, as a quasi-magic master. The mother's renunciation of possession of the infant's body at this point is an absolute requirement for normal separation and individuation. Most mothers recognise that this surrender of the infant's body to himself is a deplorable but necessary step in promoting the infants autonomous growth, and is also necessary for the child's development of self-esteem. The practising toddler's self-love and love of the object world are at their acme. The child is exhilarated by his own capacities – he wants to share and show. He is continually delighted with the discoveries he makes in the expanding world, he acts as if the world was his with his own grandeur and omnipotence. In children whose locomotion is delayed the obligatory exhilation is also delayed, seems to be of shorter duration and much less in evidence. In the practising period the body enables the child to experience the world from a different angle. Piaget's sensorimotor intelligence is supplemented at this point by a representational intelligence. Symbolic thinking and upright free locomotion herald attainment of the first level of self identity,

of being a separate individual entity. Goal-directed activity and goal-directed aggressiveness are in inverse relation and are involved with the second great shift of cathexis in the growing-up process. During the practising period the child evokes delighted and automatic admiration of the adult world, specifically of the ordinary devoted mother. Her admiration augments the toddler's sound narcissism, his love of himself. This admiration promotes the ego's autonomous functioning and furnishes the toddler's feeling of grandeur, often exhaulted self-esteem. The mirroring admiration also augments the infants readiness for mirroring the love-object. It gradually leads to true ego identifications in Jacobson's sense (1954).

In the third sub-phase, the rapprochement phase (16, 18 - 30, 36 months) is characterised by the child's increased awareness of his loss of the ideal sense of self - of well-being when he notices the mother's absence from the room. In the practising period substitute adults were easily accepted and even engaged. In contrast now the child's gestural and performance motility slowed down, his interest in the surroundings diminished and he appeared to be occupied with an inwardly concentrated attention - a state called low-keyedness. It was as if he wished to imagine another state of self - the state that he had felt at the time when symbiotically experienced partner had been "one" with him. As the awareness of separatedness grows - stimulated by physical ability to move away and by cognitive growth the child expresses increased need and wish for the mother to share every new skill and experience. It begins to dawn on the toddler that he must cope on his own, often as relatively helpless, small and separate individual, unable to command relief or assistance by merely feeling the need. The quality and measure of wooing behaviour towards his mother provides important clues to the assesment of the normality of the individuation process. The child must gradually and painfully give up his delusion of his own grandeur and participation in the still delusionally believed-in omnipotence of the mother and father. Dramatic fights may ensue and temper tantrums be the order of the day. The temper tantrums indicate outward aggression turned back onto the self. This mechanism can be seen as a precursor of internalisation of aggression and also precursor of superego formation. The period is characterised by rapid swings of mood, alternation of desire to reject the mother on the onehand and to cling to her with coercive, determined tenacity in words and acts on the other hand describe the ambitandency in behaviour. Often there was simultaneous desire in both directions - ambivalence that is characteristic of the 18-22 months old. Recognition of mother as a separate person in the large world goes parallell with awareness of other children's separate existence, being different from the own self. Social interaction and desire for mirroring, imitating and coveting

what others have evidence this. The appearance of "no" and with definitely goal-directed anger mark important development, with anal characteristic of acquisitiveness, jealousy, envy, negativism and also with the detection of the anatomical sexual difference. Depending on the mother's own adjustment, she remains continually emotionally availble and playfully participates in the child's world or by a gamut of less desirable attitudes.

The intrapsychic structures enable the child to use neutral or neutralised aggression in the service of the ego and helps to accept the separatedness without being overwhelmed by age specific anxiety, fear of object loss, fear of loss of love, separation anxiety and /or castration anxiety. The fear of object loss is partly relieved by internalisation but it is also complicated by the parental demands, this not only indicates the beginning of superego development but also expressions of fear of losing the object's love. This fear in turn manifests itself in a highly sensitive reaction to approval and disapproval by the parents. In most instances there is a reaction to the discovery of anatomic differences between the sexes, which occurs as early as 16-17 months of age - a discovery which prematurely precipitates castration anxiety or penis envy. At the point when the child is at the peak of delusionary omnipotence - at the height of the practising period - the child's narcissism is particularly vulnerable to the danger of deflation.

When the mother is quietly available with a ready supply of object libido, when she shares the child's exploits, playfully reciprocates and thus helps his attempts at imitation, externalistaion and internalisation - then the relationship between the mother and the child progresses to the point where verbal communication takes over, even though gestural (affectomotility) behaviour still predominates. The predictable emotional participation of the mother facilitates by the end of the second or at the beginning of the third year the rich unfolding in the child' s thought processes, reality testing and coping behaviour. In most favourable cases the child is on the way to emotional object costancy.

Unless the differentiation occurs psychosis will ensue. Too much overlapping or other serious disturbances in the sub-phases and if the rapprochement crises were extreme and did not give way to any degree of object constancy narcissistic character formation and/or borderline pathology with splitting mechanisms of the self and of the object world may ensue. Partial failure in the separation - individuation phase, result in failure to separate intra-psychically, to establish psychological boundaries. As conclusion of Mahler et al findings in the preverbal developmental processes I have constructed figure 2. The characteristics of each sub-phase are separatedly under the specific sub-phase.

Figure 2. Mahler's developmental phases.

nondifferentiated		differentiation–separation–individuation			differentiated
I–normal autism	normal symbiosis	differentiation	practising	rapprochment	identity, object constancy
0–1 months	1–5 months	months: 10–12	months: 16–18	months: 30–36	
-objectless homeostasis -multiple sensory stimulation -unintegration -activating role of mother -body contact -eye contact -no self -no not self -bodily feelings -primary narcissism -lack of awareness of mother -reflexes -primary autonomous apparatus(Hartmann) -psychosomatic mechanisms -global, diffuse reactions -alert inactivity -visual following -inner receptivity -importance of contact of total body, eye-contact -coenestic period	preobject illusion of unit no different. between inner-outer self-other outside world no clear outside origin the mothering person cathec. one dual unit interaction pattern of pleasure and unpleasurable experiences body representations	BODY IMAGE Inner image of mother -specific smile -trust-transitional object - checking back behaviour -8months'anxiety optimal symbiosis-little anxiety-curiosity -differentiate self from object -precocious ego -nuclear pre-ego -awareness of separat. needs auxiliary ego mirroring Individuation innate	pleasure in mastery Ideal state of self -Funktionslust -narcissism -omnipotence -grandeur -emotional refueling -elation -escaped fusion with mother -active fear of reengulfment -walking Separation-reaction: low-keyedness, signs of repression sep. reaction lacking neg fear panic neg. body self boundaries self representation	aware of smallness helplessness -vulnerable -desillusion -aware of separatedness -mother availability important -delusion of grandeur Increased separation anxiety-danger sign -discovery of anatomical differences ca 20 months -aware of own body Body-self -mother-father rel. perceived Separation reaction: hyperactivity, restlessness, defence against sadness ambivalence temper tantrums 17–18 m. impotent rage -Ambitendency Obj. permanence (Piaget) Fear of loss of love, beginning superego -mother used as part of self Identification with others-real ego identification Split good-bad LANGUAGE symbolic play -oval-anal-genital mixture -realistic self-esteem	verbal communication fantasy reality testing independence seeks other than mother

42.

PART TWO

- The process of differentiation

The vicissitudes of the developmental processes constitute a critical factor in understanding mental disturbance. In this part of the study the vicissitudes and the resulting ego structures will be related to the interpersonal context. Integration of material from family observation (section 1-1.3 in part one), the theory of object relations (section 2-2.3) and Mahler's normative study (section 3-3.2) generate the background for conceptualising the internalisation and differentiation of the preverbal interactions. An attempt will be made to conceptualise relationships within a developmental framework to allow for drawing conclusions of the correlation between the child's psychological boundaries and the nature of relationship with the mothering of the parents.

Ego boundaries refer to that characteristic of ego strength which concerns a person's capacity to maintain differentiation and a sense of separatedness in relation with others, a capacity for differentiating one's own and ohter person's feelings, motives and actions. This capacity is related to object constancy and identity and is built and influenced in the interaction with others. The capacity to maintain psychological boundaries reflects ego maturation and ability to build up a representational world and it is particularly important when establishing empathy and closeness.

4 - Intrapsychic aspects on the differentiation process

The biological birth and the psychological birth of the human infant do not coincide in time (Mahler 1975). The former is a dramatic, observable event and the latter is a slowly unfolding intrapsychic process. The individual's maturational process requires a facilitating environment, especially in the very early stages (Winnicott1965). Failure in the environment results in develop mental faults in the individual's personality development and in the establishment of the individual's concept of self and other, extreme failure is called schizophrenia (Winnicott1965). The more or less normal adult with distinctly different experiences of self and others, of inside and outside, inner and outer reality, fantasy and facts - with firm psychological boundaries - is easily taken for granted. Knowledge about how adults grow out of children and how children grow out of infants leads to the idea that health is maturity with the help of the environment, maturity at age. The forces towards health, towards integration of the personality, towards independence are strong and with good-enough conditions the child makes progress. When the environmental conditions are not good-enough they are contained within the child and immaturity in the child, failure to establish firm and flexible boundaries, tend in one way or another to destroy the child (Winnicott1965).

The preverbal period shall in health establish a sense of stability and a sense of separatedness with a relation to a world of reality in the child. The establishment of psychological boundaries is a process that reverbarates throughout the life-cycle. Early levels of psychic development are not simply outgrown and left behind but continue to be active during later developmental stages and continue to have their impact on them. The principal psychological boundaries are achieved in what Mahler calls the separation - individuation phase up to the thirtieth or thirtysixth month when object constancy and a sense of identity begin. We shall now study how the child differentiates the psychological boundaries of self and others, of the representational world.

4. 1. The nondifferentiated phase –

The infant enters the world equipped with the primary autonomous apparatus (such as perception, memory and cognition) in a state of unintegration and undifferentiation where the primary process prevails in the undifferentiated matrix (Hartmann 1964). The infant requires homeostasis and by environmental help need-tension is released and gratification (a pleasure state) is achieved. When the infant is not cared for there is need-tension and frustration. The infant is an immature being who is all the time at the brink of unthinkable anxiety. Unthinkable anxiety is kept away by the vital mothering function, by the mothering person's capacity to put herself into the baby's place and to know what the baby needs in general: management of the body and therefore of the person (Winnicott 1965). Good-enough mothering gives the infant a pattern of going-on-being. Failures that can cause unthinkable anxiety disrupts the going-on-being and sets going a pattern of fragmentation of being. Fragmentation arrests the structuralisation of the interactions and panic in the rudimentary, extremely brittle self-other memeory prevents maturation. When not cared for the infant experiences a threat of annihilation. There is at this stage no external factor, the frustrating mother will be experienced much later. The mothering person is part of the child and the outside world has no clear outside origin. Optimally the infants begin to create a concept of the mothering person and to create the actual world out of this feeling of confidence (Winnicott 1965). Gratification of needs brings the attention to the interaction between the self and the other and fosters the differentiation of the need-satisfying person. Excessive gratification interferes with differentiation and the self and not-self boundaries are not developed, a failure that is observable in the next stage. Frustrations bring awareness of the painful absence of the fulfilling other and thus contributes to the differentiation of self from not-self. Excessive frustrations interfere with the self-other differentiation and regression to unintegration occurs. Pleasurable and painful affects are the major organisers of the series of good and bad intrapsychic experiences.

Introjection is in this early stage the process of internalistaion, the way the interactions are internalised. Introjection is the most primitive internalisation process of the psyche. Introjection is the fixation of memory traces of the interaction with the environment and consists of at least three components (Kernberg 1966):

a – the image of an object
b – the image of the self in interaction with that object
c – the affective colouring of both the object image and the self image under the influence of gratification or frustration, mood of the interaction.

The first introjections are non-metabolised and the self and object images are not yet differentiated (Jacobson 1964). In early introjections the affect has an irradiating effect on all other perceptual elements. Negative, frustrating introjections create constellations totally different from intense positive gratifying introjects in externally no too different circumstances. Positive and negative introjections are kept apart at first because they happened separatedly and due to integrative incapacity but later in response to active use of separation for defensive purposes. The affective colouring of the introject determines the fusion and organisation of introjects of similar affects. Fusion of similar positive introjections constitute ego nuclei (good, gratifying introjections) and they have essential function on directing the organisation of perception, memory and indirectly of other autonomous ego functions (Kernberg 1966).

In the nondifferentiated phase the first task is to integrate the positive, gratifying interactions to a good inner object. Self and object are not yet differentiated, the hallucinatory dual unit of the symbiotic state must be achieved before differentiation between self and other is possible. Failure to integrate the internalisations to a good inner object can be due either to mothering failure or to constitutional defects. Optimal symbiotic interaction in the first year of life gives a strong early ego where the first ego state is the good inner object (an undifferentiated self and object image) where all negative images, introjections are kept outside, projected and regarded as not-me. By fusion of the introjections more elaborate self images and object images are mapped out. A growing complex of information about the other, object and the self in any particular situation is stored. In the earliest months of life it seems possible to exchange the mothering person provided the form of need-satisfaction given to the infant remains unaltered. At approximately 5 months, the peak of the symbiotic relationship, the personal attachment to the mothering person increases in importance and it become possible to vary the satisfactions provided the object remains the same. Separation from the mothering person at this stage causes extreme distress (Freud 1967, Spitz 1965).

In gratifying experiences the infant merges with the other – a relation which is the base for future relationships. The self – other images are seen as good when the interaction is gratifying and as bad when frustrating even if they are the same real persons in different situations (Jacobson 1964).

4.2. The differentiating phase

An optimal symbiosis structures a strong ego core and increasing outward directed expansion stimulates attention beyond the symbiotic orbit. An active differentiation with alert experimentation and exploration of the unfamiliar, checking it against the familiar, marks the child's innate strivings to individuation and independence. The first task of the early ego is to differentiate the self and the object in the fused self-object introjections. A differentiation that coincides with the separation from the symbiotic fusion with the mother and which signifies a beginning of psychological boundaries. The ability to distinguish objects develops more rapidly than the ability to distinguish self from objects (Jacobson 1964).

The infant investigates actively in the differentiating sub-phase (5-10, 12 months, Mahler et al 1975) the mothering person by checking-back behaviour. The 8-months anxiety marks the recognition of the mothering person's unique importance. The anxiety is greater the less satisfying the symbiotic phase has been - the inner image is then less stable. The more optimal the symbiotic phase is the more stable is the inner image of confidence in the good object and the 8-months anxiety has more the quality of curiosity.

The early ego consists of positive introjections, internalisations of the interactions and the negative, bad ones are ejected as not-me, they are projected or treated as projective identifications. Overgratifications now and later delay the infant's establishing of firm psychological boundaries between self and object. Over-gratification interferes with the differentiation process. Frustration in normal bounds reinforces in principle the process of discovery and the distinction of self and object and theythrow the infant back to his own resources and on the inner image of gratification (Jacobson 1964). The good inner object is defended by projection and the principle is to internalise, take in what is good and to externalise, spit out what is bad. The self boundaries are structured around the good representations, introjections and the object is not yet differentiated totally from the self but regarded as part of the self or as part object. The individual's strivings can be seen in beginning ego functions in the intrapsychic autonomy of perception, cognition and beginning reality testing. The differentiation phase is observably characterised by increased physical activity and motor action, which structure the child's physical body boundaries of the self.

In the practising period the child strives at separate functioning in the presence of the emotionally available mothering person, activities which result in the body image and the body self concept. The child assumes his own characteristics,

separates and differentiates the self from the object . At first the physical, body representation is structured, later the psychological boundaries between self and object are differentiated. The practising period is an ideal state of self when omnipotency, grandiosity and elation characterise the child's personality. Frustrations and negative features are managed with the projective identifications. Distancing behaviour and disengagement from the mothering person combined with increased awareness of bodily separatedness help to develop the body image of the child. The process of internalisations has now matured to the level of identification.

The identifications consist of memory traces with (Kernberg 1966):
a – the image of the object, other adopting a role in the interaction with the self
b – the image of the self, more clearly differentiated from the object than in the introjections
c – an affective colouring of the interaction of a more differentiated, less intense and less diffuse quality than in the case of introjections.

Identifications are considered mechanisms for growth and they may be used for defensive purpose. Identifications fuse and integrate in the same way as introjections and they map more and more detailed representations of self and object. The psychological boundaries are also mapped out and differentiated but not before the contradictory good and bad representations of self and other are integrated can object constancy and identity take shape. The negative images have to be integrated with the positive in the self concept, in the ego to stop the projective identificatory mechanism. Behavioural signs of identification are reflected in imitations and mirroring behaviour. Identification is also the most primitive way of learning. The good internalised representations are actively kept apart from the bad ones to prevent overall anxiety. The urge to preserve the good self and good object images leads to a defensive division of the early ego (Kernberg 1966). The defensive division, split is easily activated by brief separation or frustration. The mother of frustration or separation must be integrated as the all good symbiotic mother not to destroy or hurt the good object. Separation reaction at this period is characterised by low-keyedness, the child behaves as if it is trying to hold on to the inner image. Negative signs in the separations are lack of real fear or lack of reaction. The transitional object in the shape of a blanket or some other important inanimate object that substitutes the mothering is an important sign of established inner good image (Winnicott 1971).

The internalised relations are organised into persistent object and self images which come to represent internally the external world as experienced by the developing ego. This representational world never reproduces the actual

world of real people with whom the child has established relationships in the past and in the present, it is at most an approximation and always strongly influenced by very early images of introjections (Sandler - Rosenblatt 1962).

4. 3. The differentiated stage

In the third sub-phase of the differentiation process the main task of the early ego is to integrate the good, omnipotent self and object images with the bad, frustrating, helpless self and object images into whole representations of good and bad qualities. The good and bad have been actively kept apart by split preventing the good image from being annihilated by the bad.

When sufficiently gratifying interactions have been internalised the early ego has the capacity to stand the desillusion and integration takes place. The all good self and the all good object representations are integrated with the all bad self and the all bad object representations into fused good and bad representations constituting ego, identity and a realistic object. The lost all good representations are integrated to the ideal self and the ideal object and constitute early superego structures. The lost all good representations are mourned with a new concern for the object. Psychological firm and flexible boundaries are beginning to establish with a new realistic concept of the representational world. The early ego changes and is structured to integrated ego structures. Repression will from now on replace the splitting and will keep untolerable introjections out of consiousness. The unconscious (id) will from now on contain the intolerable introjections and identifications that are repressed from the ego. The unconscious is part of the ego structure where unacceptable or untolerable images of self and others are stored.

When integration successfully takes place the child's ego has boundaries and the object constancy is established and beginning ego structures with superego, ego (realistic differentiated, integrated self and object representations), ideal self and object (the lost 'all good' self and object representations) and id (the untolerable repressed self and object representations) are structured. The firmness of the structures will be determined by the coping in the following developmental phase specific conflicts and/or by possible traumas.

In face of anxiety regression to earlier stages with strong splitting and progression to higher synthesised ones reflects reality testing. It is during the stage of reality testing, a phase of tender susceptibility and plasticity that the child can become the target of the parent's indoctrination, pressure that distorts and ward off important aspects of outer and inner reality. Islands of developmental failures may lead to borderline symptomatology in latency or adolescence. In some children the rapprochment crisis leads to great ambivalence and even to splitting the world into good and bad. These children maintain their reality testing but have serious difficulties in interpersonal

relationships.

Parental empathy promotes the establishment of enduring, stable involvement of both sef and others (Jacobson 1964).

The slow and gradual development of the intrapsychic structures from non-differentiation to firm and flexilbe psychological boundaries in the preverbal years pictures the intermediate vicissitudes with their specific defences and level of differentiation.

The intrapsychic structures in the nondifferentiated and the differentiation phases are structurally comparative to the adult disorders of psychosis and borderline. In psychosis the intrapsychic structures are related to the non-differentiated phase and in borderline there is relatedness to the differentiation phase where partly differentiation has occured but no integration is achieved.

The internalisation of object relations represents a crucial factor for developing psychological boundaries. In normality the interactions are internalised and the identifications fuse and form ego identity in adolescence. Ego identity is seen as the highest level in the internalisation process and it refers to an overall organisation of identifications and introjections. This organisation complies (Kernberg 1966):

a - An image of the self with a sense of continuity of the self and a progressive sense of functioning in all areas of life and of mastering the basic adaptational tasks. The self is a consolidation of the self-image components of introjections and identifications.

b - An image of others where a consistent overall conception of the world of objects and a sense of continuity of one's own interpersonal interactions is derived from the object-image component of introjections and identifications. A general consistency in the behaviour patterns confirms this, an aspect which is very important of ego identity.

c - A confirmation from others that I am like this, as the consistency in interaction which is recognised by the interpersonal environment as characteristic of the person.

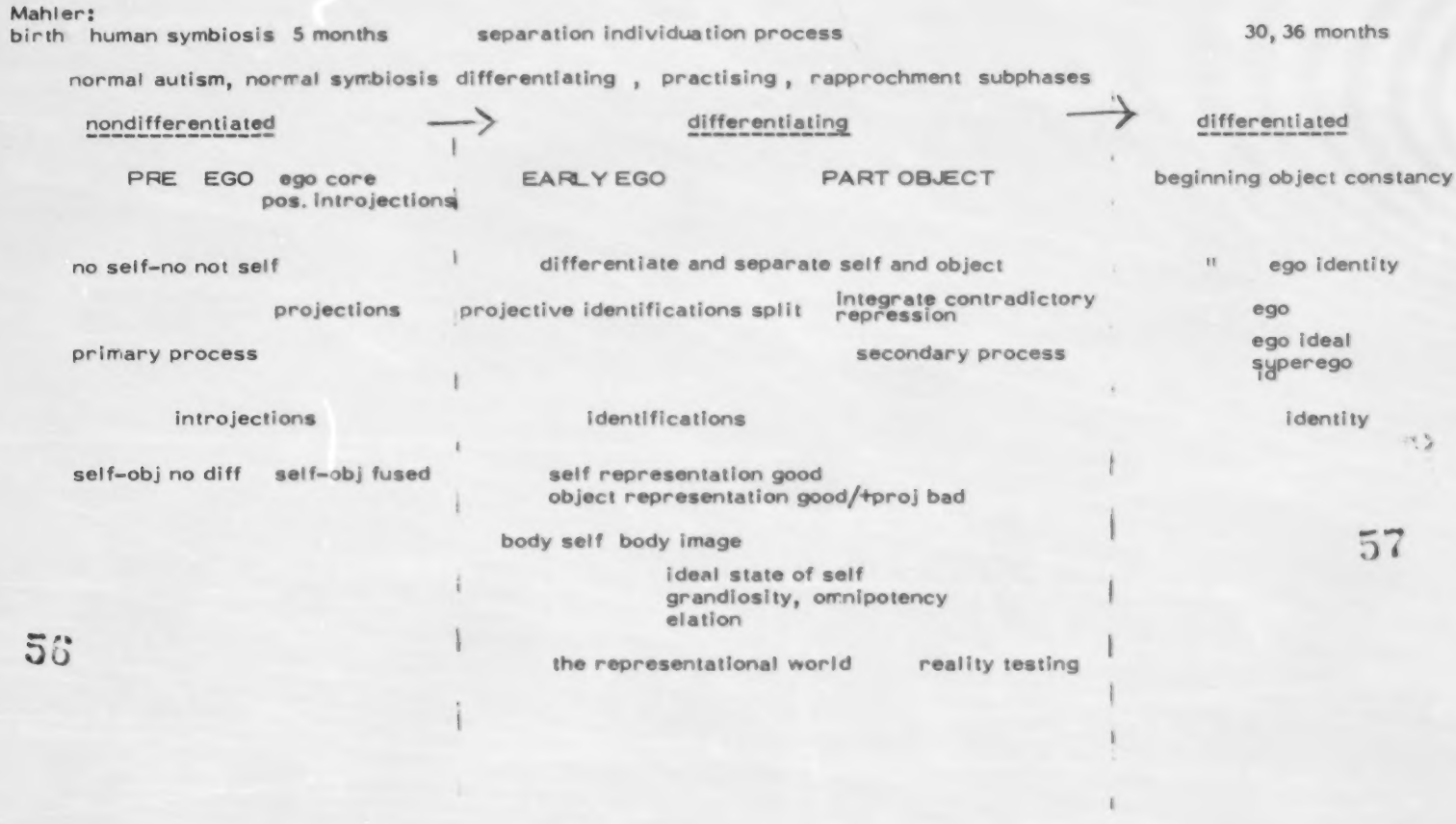
The interactions structure the internalisations which are evident in adult psychic structure. When realistic and integrated concepts about the person himself and a related integrated representational world has developed is

a stable ego identity with firm ego boundaries achieved. When the internalisation of interactions has been deficit the adult will show pathology in relating to others. The pattern of pathology and of immaturity will correspond to the level of relating in early development where maturation was arrested.

In figure 3 I have visualised the intrapsychic developmental process of differentiation.

53. Figure 3.

The intrapsychic aspects on the differentiation process



5 - Interpersonal aspects on the differentiation process

We have seen how the intrapsychic boundaries develop from nondifferentiation to a differentiated intrapsychic structure with specific ego boundaries. This part will show the interpersonal influences on the child's differentiation process. The parent's contributions to the child's internalisations, to the establishment of psychological boundaries will be studied.

In the section on the family we saw how immaturity , lack of psychological boundaries, in personal relations, also in otherwise socially functioning persons distorts the partner choice, the marriage and the parent-child relation. A mature and realistic person has a realistic self-concept with strong but flexible ego boundaries and the person is capable to perceive others realistically without any distortions. How realistic a person perceives himself and others is crucial in close realtionships. When object constancy is not achieved the emotional immaturity will affect the interactive exchange and the concepts from family research will be observable in family interactions.

5.1. Enter symbiosis

Preparing for motherhood the mother usually enters a state of primary maternal preoccupation before birth, a state which is characterised by a hightened sensitivity and the mother identifies herself with the baby (Winricott 1956). This mental state in the mother continues until a few weeks after birth and it assists the baby to break the autistic shell. In this ego-relatedness with the baby the mother is prepared to meet the baby's body-needs and later ego-needs. From this relatedness does the infant build the idea of the mothering person. In the early phases the environment is so significant and the dependence so absolute that the child cannot be described without describing the environment. The infant has no separation of what is not-me and what is me. The mothering adaptive behaviour makes it possible for the infant to find outside the self what is needed and expected and the infant matures to objective perception (Winnicott 1965). The mother is sensitised to feel herself in the infant's place and provides a setting for the infant's constitution to begin to make itself evident. By mothering behaviour mutual attachment after birth matures to entering a symbiotic relationship. The mother interprets the child's unclear signals and attributes meaning to them. The expectations of positive or negative nature about the baby are reinforced or revalued in the parents, in the family and in the environment (Bentovim 1977). Optimally the mother meets the infant's need of homeostasis and sensory stimulation and symbiosis is attained. When the mother does not regress to the sensitised state (for reasons of her own intrapsychic make-up) the breaking of the autistic shell will be different. When the child is rejected or expelled the child's internalisations will be of incidental care lacking the intensity and relatedness of prematernal preoccupation. From birth on the interactions between child and the caring, mothering person structures the child's internalisations. The child's relational needs are absolute dependence, intensity in relatedness and lack of psychological boundaries from the parents'. To establish empathy and closeness with the infant, the parent's capacity to regress temporarily from differentiation to nondifferentiation is essential.

5.2. Symbiosis

A dual unit with mutual dependence where the mother meets the infant's needs and adaptively provides what is needed gives the infant a sense of continuity of being, of self integration, the beginning of existence. A positive symbiosis contains unconsciously relived primary experience in the mothering person and it can develop stronger self-confidence in the mother. The child is absolutely dependent on the mothering person's sensitive adaptation. Failure in adaptation breaks up the infant's going-on-being and interferes with the natural tendency to become an integrated unit, to build up a body-ego - the key for further mental health. Mothering failure leads to disintegration in the child in extreme frustrations, at worst to psychosis. Mothering failure results in ego-weakness, but with the support of maternal care the child's ego core becomes strong (Winnicott 1965). When early maternal care is failing the core of the infant's self is threatened. Failure in mothering adaptation in the earliest phases produces fear of annihilation in the infant, the frustrating mother will be experienced much later. The infant's total helplessness and total dependence on the mothering person can be a frightening experience for the lack of clear-cut cues for the mother. There is enormous variability in the mother's ability to read and react to their infant's cues. For some mothers the symbiosis provides an opportunity to live out a fantasy of symbiotic union with the child. The mother's sensitive adaptation to the infant's needs makes her prepared to let go of her identification with the infant as the infant's needs to become separate appear. A static and pathologically prolonged symbiosis is mutual enslavement which leaves no room for developmental change. Partners in a closed symbiotic system, which by its very nature is self-perpetuating and self-petrifying, find separation increasingly difficult. Symbiosis means that the symbiotic partners have no intrapsychic differentiation, they live in a hallucinatory dual unit. Symbiosis requires a capacity to regress in the parent, a capacity for dependence, closeness and intensity in a relationship. An optimal symbiosis is prerequisite for the child's psychological birth (Mahler et al 1975).

5. 3. Release of symbiosis and the transactional modes

Releasing the symbiosis in the separation-individuation phase, mutually growing towards independence requires a new flexibility in the parents and freedom from own parasitic, symbiotic needs. The parent's selective response to the infant's signals shapes and gradually changes the infant's behaviour. Release of symbiosis is a gradual, lifelong process when the infant has increasing awareness of separatedness from the mother and the mother has a sense of loss of the child (Mahler 1970). The infant ceases to be part of the mother's body and the innate drive to autonomy carries the infant out of the mother's lap. The mother looses her symbiotic union with her child in spite of any wishes or fantasies she may have of retaining it, only by interfering with normal maturation can the parent prevent individuation (Mahler 1970). The child's progressive internal differentiation, established psychological boundaries and mastery of cognition and motor apparatuses leads the child innately to cessation of symbiotic union. The new interaction when the child is individuating, seeking autonomous functioning gives a different relational pattern from the relation to a totally dependent and helpless baby. Tha parent's capacity to stand object loss, their capacity to accept the child as a separate being and not interfere with or reject the independent striving child are crucial aspects in the parent-child relation hereafter. The differentiating and individuating child may be experienced as a loss or as a gain. Parents may experience the active growing child as a gain and a promise for a longed-for relationship that the newborn, passive baby did not provide. During a period of approximately $2\frac{1}{2}$ years the infant establishes psychological boundaries, differentiates the others and the self. During this time the parents' continuous and predictable emotional availability is vital for the infant.

The infant lives through stages of omnipotency, grandiosity and elation and enters a critical period of vulnerability and desillusion when the child's own smallness and helplessness is realised. The active child is different from the passive baby but in spite of the outwardly new independence the parents are emotionally needed and should stay available for emotional refueling and attempt at being predictable and consequent so as to facilitate the child's orientation into an enlarging world. To build up a 'representational' world with integrated structures the infant is still dependent on the parent's empathic understanding. The differentiating time of the individuationpseparation period is a time of gradual failing of parental adaptation when the infant grows aware of knowing that the parents are necessary. A successful dealing with this process equips the child with a capacity to deal with loss. The child shall build up representations of self and others and the child shall differentiate the psychological boundaries

between self and others. In the symbiotic phase there was no differentiation between self and not self the images were fused within one common psychological boundary. Gradually in the interactional process, in internalising the interaction in more and more elaborate modes the infant constructs as we saw in the intrapsychic processes more and more differentiated concepts of self and others.

The parents' actual response to the autonomous strivings and achievements of the child are shaped by the parent's own intrapsychic processes. The parent's response to the child's maturational strivings depends on the intrapsychic structures of the parents, on the parents' specific wishes, needs, fantasies and anxieties. The child can upset the parent's intrapsychic equilibrium and as response the parent interferes with the child's development (Stierlin 1973). The parent's need for the child as self-delineation prevents genuine differentiation in the child, the child is bound to the parent in various ways. The child can individuate and differentiate only when it has absorbed sufficiently intense involvement and when it is allowed to function separately without intrusion (Boszormenyi - Nagy 1967). The child can release its primary narcissism, can become unselfish without resent if it has internalised the experience of being uniquely important in the early relation (Winnicott 1958).

The relationship with the differentiating child demands flexibility in the parents to cope with ambivalence in the child and to be able to meet the child's need for self-delineation. This developmental stage is crucial for the establishing of psychological boundaries, for differentiating self from others, differentiating inside form outside, to construct a representational world and for integrating the contradictory images and experiences of important others. Outwardly the child seems self-sufficient but the continuous availibility of the parenting persons is necessary for the differentiating and integrating processes. The inner images are fragile and integration of dangerous and pleasant identification is laborious, the world is easily either all good or all bad. The time when the delusion of the child's own omnipotency occurs and the belief in the parent's omnipotency is gradually and painfully given up is a critical time. The parent's empathy guides the child through the hightened separation anxiety and this crisis may lead to great ambivalency in the child with a permanent splitting into good and bad identifications as is observable in narcissistic and borderline pathology. The pains of longing and loss in the rapprochement period lead to a solution for differentiating the world assuming the frustration which accompanies these pains.

The transactional modes operate in the differentiating child's relation to

the parents. The achievement of object constancy and identity, the firm psychological boundaries is the result of optimal parent-child interactior. The expelling mode is evident in the early interaction when the parent's cold narcissistic use of the child develops intense early frustrations, resentment and agression in the child. The expelled child is traumatised and deprived with premature independence and strong splitting of the contradictory insoluble internalisations of the world. The inclusion of the child in the mother's narcissistic world in early development as an object of art with lack of empathy interferes severely with the child's own narcissistic development. The expelled child does not receive the interpersonal support which is necessary to integrate and differentiate for object constancy and identity. The result is psychological boundaries that are prematurely delined with strong splitting of the ego. Projective identifications and projections in close interactions will distort closeness and lack of empathy will characterise the personality. When object constancy fails to establish we clinically have the child who is going to become a borderline patient. The child lives from moment to moment, actively cutting off the emotional links between what would otherwise become a chaotic, contradictory, highly frustrating and frightening emotional experience with significant others in the immediate environmnet. Lack of integration of object representations interferes with developing empathy, concern for others as individuals in their own right. Lack of integration of the self-concept results in contradictory personality traits and interferes with the understanding of others as well as the capacity of establishing total relationships. They are overdependent on others in an effort to achieve some continuity in thought, action and feeling. Contradictory character traits develop representing the contradictory self and object representations which further create chaos in the interpersonal relationships (Kernberg 1975).

The transactional mode of binding intervenes after the symbiotic phase with the child's maturation. The parent must not substitute own ego for the child's beginning discriminatory ego and thus bind the child. When bound the child cannot create psychological boundaries and object constancy and identity are not developed, neither is inner and outer reality differentiated. Depending on the parent's needs and wishes for the child, the child will in the subsequent years be bound on cognitive, affective or loyalty level or on all. The outcome of the different binding modes will be observable in adolescent crisis when the child once again is living through a separation-individuation phase as Stierlin has described in 'Separating parents and adolescents' (Stierlin 1974 b).

The delegating mode affects the differentiating childtachievement of object constancy and identity with firm psychological boundaries not so severely

as the binding and the expelling mode. The parent may in severe cases attribute traits like badness or weakness which are internalised by the child or they may psychologically exploit the child in subsequent years. The parents' own intrapsychic development determine the amount of projective identification that might steer the child's development and influence the interpersonal interactions. The mode of delegating will crystallise in the adolescent when the child's own separation and individuation is actualised.

When the parents are empathic the infant reaches object constancy as a harmonious child with a sense of self, with psychological boundaries and positive involvement with others endures frustrations. The clinical outcome of the growing child will later be determined by further possible disappointments as stress traumata, possible chock traumata, the oedipus solution and the adolescent individuation and separation process, all of which function within the context of the individual's constitutional endowmnet (Mahler et al 1975).

In figure 4 I summarise the interpersonal aspects on the differentiation process.

Figure 4.

Interpersonal aspects on the differentiation process

INFANT	← interaction →	PARENTS
nondifferentiated stage	← enter symbiosis →	parental introjects -own childhood reactivated
PRE EGO Introjections	process of mutual attachment	primary maternal preoccupation primary identification versus rejection empathy
ego core	↓ ← symbiosis →	adaptation to child's needs capacity for closeness, dependency versus fear of " " "
first ego state fusion of self and object hallucinatory dual unit	(1-5 months)	lack of psychological boundaries
	↓	
differentiating stage	← release symbiosis →	loss of symbiotic partner, accept child as separate being
differentiate self and object	Process of mutual	the transactional modes establish gradually ego boundaries
EARLY EGO Identifications	separation and	EMPATHY
PART OBJECT	individuation	stay continually, predictably emotionally available
activity-individuation innate ideal state of self grandiosity, omnipotense free upright walking Body self body image pleasure of mastery desillusion - own smallness crisis integrate contradictory traits language - new level of communication	(5- 30, 36 months)	Parents' flexibility of ego boundaries and lack of projective identification with child tolerate ambivalence, ambitendence cope with demandingness, stubbornness
	↓	Parent's stronger reality
differentiated stage EGO Object constancy beginning identity sense of self	firm and flexible psychological boundaries	The parents' interrelation reflects on the child's place in the family
	↓ adolescence	

approx 3 years — rapprochement practising differentiating — symbiosis autism birht

6 - A family case illustration

Assisting Dr Anja Forssén in a family therapy we found lack of differentiation, as seen in the separation - individuation process as the central problem. I will focus on the interpersonal dynamics of these parents and illustrate the interpersonal relationship these parents have provided their children. The interactions in the family reflect the parent's own disturbance.

The family consists of middle-aged parents and their girls aged between 19 and 24. The girls had suffered severe anorexia nervosa and one of them had been hospitalised for a psychotic period. The father is a socially and academically successful person with a high position in society. He is eloquent, jovial and sure of himself. The mother has been housewife since their marriage. She is very quiet, sad-looking and self-effacing.

The therapy encompassed at first the whole family and the aim was to separate the children's problems from their parents'. Next the children had their individual therapy arranged and the parents continued in marital therapy where the parents' own problems were separated.

Together or apart the family members continuously talk about what the others think, feel or wish. The projective identification between the spouses is intense and it is characterised by a lack of differentiation between self and others. When the family is together there is great confusion and little direct and clear communication. Frequent use of double-bind and other contradictory or diffuse messages is typical for relating in this family.

The father shows an omnipotent and grandiose personality where splitting mechanisms, acting out and projection of all problems and difficulties on the mother are characteristic. The father reveals intense separation anxiety and strong dependency on the family members, especially on the mother. The mother mostly talks about her husband, what he thinks, feels and wishes. Her own feelings, opinions or wishes are obscure and she complains of hopelessness and fatique. The mother sees herself as a failure as a wife, mother, woman and as a human being. The mother idealises the father and by projective identification she accepts all complaints and accusations simultaneously partaking in the father's narcissistic glorification. The outcome of the mutual projective identification is a relation where the father is almost perfect and the mother is a failure and due to lack of differentiation they are dependent on one another. The parents' reality level of interaction is severely distorted to fit the infantile relating needs of part objects.

The parents' gravely disturbed interpersonal relationship corresponds to Alanen's description of the typical parent of schizophrenic patients (Alanen 1976). These parents belong to the group of personalities that Kernberg (1975) characterises as borderline with their defence mechanisms of projective identification, primitive idealisation, omnipotence, devaluation and denial. These persons are functioning well socially but in close relationships they disclose pathology in relating to others.

The children in this collusive marriage were influenced and dominated by their parents' difficulties. The parents' inability to understand their children's strivings for individuality and their grave disturbance reflect the parents' incompatibility to respond on an empathic, differentiated interpersonal level.

The children's disturbance is related to the parents' intrapsychic and interpersonal dynamics. Early difficulties in differentiation and separation as well as difficulties in female identification are at the root s of anorexia nervosa (Forssén 1978). The girls' difficulty in developing an identity and the mother's self-derogatory attitude and the father's encouragement of it are closely interconnected. The parents' mystifying communication and frequent use of double bind are important elements in understanding the girls' difficulties and the psychotic breakdown.

This sketch of family interactions and early differentiation problems illustrates the impact of interpersonal aspects on intrapsychic development as they uncover in the family therapy process (Forssén 1978).

7 – Discussion and conclusions

This study is based on the urge to gain knowledge about the vicissitudes of psychic development and to shape a theory as an organised picture of the psychic processes. The psychic takes place essentially in the interaction with others and it is this interaction about which theoretical conceptualistaion has to be made. As psychoanalytic theory is most frequently used as background for clinical psychological research an effort to systemise new krowledge is based on this theory. The work has had the character of a jig-saw puzzle where the collected information gradually emerged to a comprehensible unit, an interrelating atlas of alternative psychic possibilities , particularly as the vicissitudes of interactions are concerned . The study is based on the assumption that verbal description of the psychic processes based on careful investigation provides information that is far more useful than numerical descriptions of mathematical and statistical methods.

This framework of the preverbal development would be enriched by investigating the psychic processes as a reflection of social reality, the way the Freud-Marxian pronouncedly present the surrounding social process.

For the understanding of the child's internal world Piaget's detailed account of intellectual development provides a complementary approach. A comparison of the interpersonal psychoanalytic theory and Piaget's cognitive findings would generate most interesting and valuable developmental information.

My own independent attribution to the theoretical conceptualisation of preverbal development is, apart from assembling the appropriate material, the integration and creation of the model for differentiated intrapsychic and interpersonal structures. Developmental framework allows for interesting conclusions.

The present study is based on our western individually family-orientated culture, an analysis of the differentiation structures in other cultures with collective orientation is possible within this theory and would stimulate discussion on the psychic determinants.

This presentation of preverbal interpersonal agents has bearings on preventive mental health work. The determinants for mental health are related to the early interpersonal context. For diagnostic work the developmental differentiation offers implications concerning both adults and children. Knowledge of the vicissitudes in establishing differentiated psychic structures are central to clinical, therapeutic and childrearing practices.

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